

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

|   |  |                    |   |  |               |  |                |
|---|--|--------------------|---|--|---------------|--|----------------|
| Name of Committee in Full<br><i>Citizens for Aaron DeLong</i> |  |                    |   |  |               |  |                |
| Full Name of Contributor<br><i>Chuck Reisling</i>             |  |                    |   |  |               | Registration Number, if PAC              |                |
| Street Address<br><i>7411 Donald Ave</i>                      |  |                    | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><i>Cash</i>  |                |
| City<br><i>Reynoldsburg</i>                                   |  | State<br><i>OH</i> | Zip Code<br><i>43068</i>                |  | M<br><i>1</i> | D<br><i>0</i>                            | Y<br><i>17</i> |
| Amount<br><i>20.00</i>  |  |                    |   |  |               |  |                |
| Full Name of Contributor<br><i>Stephanie McCloud</i>          |  |                    |   |  |               | Registration Number, if PAC              |                |
| Street Address<br><i>912 Rosehill Rd</i>                      |  |                    | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><i>Check</i> |                |
| City<br><i>Reynoldsburg</i>                                   |  | State<br><i>OH</i> | Zip Code<br><i>43068</i>                |  | M<br><i>1</i> | D<br><i>0</i>                            | Y<br><i>17</i> |
| Amount<br><i>250.00</i>                                       |  |                    |   |  |               |  |                |
| Full Name of Contributor<br><i>Christopher Long</i>           |  |                    |   |  |               | Registration Number, if PAC              |                |
| Street Address<br><i>1675 Haft Dr.</i>                        |  |                    | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><i>check</i> |                |
| City<br><i>Reynoldsburg</i>                                   |  | State<br><i>OH</i> | Zip Code<br><i>43068</i>                |  | M<br><i>1</i> | D<br><i>0</i>                            | Y<br><i>17</i> |
| Amount<br><i>50.00</i>  |  |                    |   |  |               |  |                |
| Full Name of Contributor<br><i>April Cates</i>                |  |                    |   |  |               | Registration Number, if PAC              |                |
| Street Address<br><i>7369 E. Main St.</i>                     |  |                    | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><i>Check</i> |                |
| City<br><i>Reynoldsburg</i>                                   |  | State<br><i>OH</i> | Zip Code<br><i>43068</i>                |  | M<br><i>1</i> | D<br><i>0</i>                            | Y<br><i>17</i> |
| Amount<br><i>50.00</i>  |  |                    |   |  |               |  |                |
| Full Name of Contributor                                      |  |                    |   |  |               | Registration Number, if PAC              |                |
| Street Address  |  |                    | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)                 |                |
| City  |  | State<br><i>OH</i> | Zip Code                                |  | M             | D  | Y              |
| Amount  |  |                    |   |  |               |  |                |
| Full Name of Contributor                                      |  |                    |   |  |               | Registration Number, if PAC              |                |
| Street Address  |  |                    | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)                 |                |
| City  |  | State<br><i>OH</i> | Zip Code                                |  | M             | D  | Y              |
| Amount  |  |                    |   |  |               |  |                |
| Full Name of Contributor                                      |  |                    |   |  |               | Registration Number, if PAC              |                |
| Street Address  |  |                    | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)                 |                |
| City  |  | State<br><i>OH</i> | Zip Code                                |  | M             | D  | Y              |
| Amount  |  |                    |   |  |               |  |                |
| Full Name of Contributor                                      |  |                    |   |  |               | Registration Number, if PAC              |                |
| Street Address  |  |                    | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)                 |                |
| City  |  | State<br><i>OH</i> | Zip Code                                |  | M             | D  | Y              |
| Amount  |  |                    |   |  |               |  |                |

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total

~~\$0.00~~

\$370.00