

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Aaron DeLong				
Full Name of Contributor Christopher Long			Registration Number, if PAC	
Street Address 1675 Haft Dr.	Employer/Occupation/Labor Organization* Dynalab		M D Y 0 3 2 3 1 7	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dan Skinner			Registration Number, if PAC	
Street Address 7265 Sorrelwood Ct.	Employer/Occupation/Labor Organization* Skinner and Associates		M D Y 0 3 2 3 1 7	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Melissa Greenwald			Registration Number, if PAC	
Street Address 1136 Neil Ave.	Employer/Occupation/Labor Organization* Unknown		M D Y 0 3 2 3 1 7	Amount \$100.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barth Cotner			Registration Number, if PAC	
Street Address 1862 Drugan Ct.	Employer/Occupation/Labor Organization* Cotner Funeral Home		M D Y 0 3 2 3 1 7	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sylvia Hennigan			Registration Number, if PAC	
Street Address 6800 Bourdeaux Ct.	Employer/Occupation/Labor Organization* Retired		M D Y 0 3 2 3 1 7	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brad McCloud			Registration Number, if PAC	
Street Address 912 Rosehill Rd.	Employer/Occupation/Labor Organization* Mayor - City Reynoldsburg		M D Y 0 3 2 3 1 7	Amount \$250.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marshall Spalding			Registration Number, if PAC	
Street Address 1940 Glenford Ct.	Employer/Occupation/Labor Organization* Retired		M D Y 0 3 2 3 1 7	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$800.00**