

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 Daniel & Kaleena Gross				Registration Number, if PAC	
Street Address 581 E Town St. Apt 40		Employer/Occupation/Labor Organization*		M D Y 0 4 2 7 1 7	Amount \$1,000.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Michael Dustman				Registration Number, if PAC	
Street Address 5045 Shoreside Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 7 1 7	Amount \$50.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Brad McCloud				Registration Number, if PAC	
Street Address 912 Rosehill Rd.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 7 1 7	Amount \$100.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Steve & Mara DeLong				Registration Number, if PAC	
Street Address 644 Cranfield Place		Employer/Occupation/Labor Organization*		M D Y 0 4 2 7 1 7	Amount \$100.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Greg & Ameer Binning				Registration Number, if PAC	
Street Address 13 Beacon Light Lane		Employer/Occupation/Labor Organization*		M D Y 0 4 2 7 1 7	Amount \$75.00
City Buckeye Lake		State OH	Zip Code 43008	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andrew & Danielle Livelsberger				Registration Number, if PAC	
Street Address 1663 Stouder Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 7 1 7	Amount \$75.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Erica & Triawn Bankston				Registration Number, if PAC	
Street Address 7344 E. Rich St.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 7 1 7	Amount \$20.00
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

\$1,950.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,420.00**