

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 Matthew Roth				Registration Number, if PAC	
Street Address 13184 Brandon Circle		Employer/Occupation/Labor Organization* City of Reynoldsburg		M D Y 0 3 2 3 1 7	Amount \$50.00
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Hood				Registration Number, if PAC	
Street Address 8490 Landseer Rd.		Employer/Occupation/Labor Organization* City of Reynoldsburg		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 Kylie Keitch				Registration Number, if PAC	
Street Address 629 Brighton St.		Employer/Occupation/Labor Organization* City of Reynoldsburg		M D Y 0 3 2 3 1 7	Amount \$50.00
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Coats, II				Registration Number, if PAC	
Street Address 6040 Whitman Rd.		Employer/Occupation/Labor Organization* Pastor		M D Y 0 3 2 3 1 7	Amount \$50.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Stephen Cicak				Registration Number, if PAC	
Street Address 6866 Roundelay Rd. N		Employer/Occupation/Labor Organization* City Council		M D Y 0 3 2 3 1 7	Amount \$100.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Joe Bizjak				Registration Number, if PAC	
Street Address 1003 Sandrock Avenue		Employer/Occupation/Labor Organization* State of Ohio		M D Y 0 3 2 3 1 7	Amount \$50.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
		OH			

* 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

\$1,150.00

Total expenditures this event.

\$120.00

Page Total \$ **\$350.00**