



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Chris Long				
Full Name of Contributor Plumbers & Pipefitters L.U. 189			Registration Number, if PAC PCE Entity #6220	
Street Address 1250 Kinnear Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/25/2019	Amount 100.00
Full Name of Contributor Jim Hughes			Registration Number, if PAC	
Street Address 4329 Randmore Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/31/2019	Amount 150.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	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)]