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

Event Da	ate_9/20/17
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Prescribed by Secretary of State 03/05

Name of Committee in Full			
Citizens for Chris Long		<u> </u>	
Full Name of Contributor	Registration Number, if PAC		
Penny Basye			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
8785 Linick			0 9 2 5 1 7 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Check
Full Name of Contributor			Registration Number, if PAC
Sandra Elswick			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
6593 Merringer Ave.			0 9 2 5 1 7 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	ОН	43068	Check
Full Name of Contributor			Registration Number, if PAC
Brett Luzader			
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
1116 Gibson Rd.		······································	0 9 2 5 1 7 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Check
Full Name of Contributor	1		Registration Number, if PAC
Robert Barga			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1589 Stouder Dr.	Employer/Occupation/Laton Organization		0 9 2 5 1 7 \$60.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Cash
Full Name of Contributor		•	Registration Number, if PAC
Contributions of \$25 or Less			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount \$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
City	State	Zip Code	Cash
Full Name of Contributor			Registration Number, if PAC
Christine Johnson			
Street Address Employer/Occupation/Labor Organization*			M D Y Amount
1065 Roundelay Rd. E	ample, or overpution bases of gameation		0 9 2 1 7 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Check
Full Name of Contributor		•	Registration Number, if PAC
Carry A. I.L.			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)

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			
\$910.00			
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Total expenditures this event.

\$56	.98

^{*} 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)]