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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Sandy Long for School Board									
Full Name of Contributor					Registration Number, if PAC				
Sandra D. Long									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
1675 Haft Drive	Evaluations, Inc.					Check			
City		Zip Code	M	D	Y	Amount .			
Reynoldsburg	О, Н	43068		3 0		50.00			
Full Name of Contributor Registration Number, if PAC									
Anne Gonzales									
Street Address	Employer/Occupa				Form (Cash, Check, etc.)				
335 Wildwood Drive	State of 0					Check			
City	State	Zip Code	М	D	Y	Amount			
Westerville	O H	43081	1 0		1 1	50.00			
Full Name of Contributor		Registration Number, if PAC							
	tl(Comp	ntion/Labor Organization*	_[Form (Cash, Check, etc.)					
Street Address	EmployenOccupa	mon/Labor Organization				orm (cash, check, etc.)			
Civilian	State	Zip Code	М	T D	ΙΥ	Amount			
City	State	Zip code	1						
Full Name of Contributor	1		Registra	tion Num	ber, if PA	C			
Street Address	Employer/Occupation/Labor Organization*			·		Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount			
					<u> </u>				
Full Name of Contributor			Registra	tion Num	ber, if PA				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount			
Full Name of Contributor		Registration Number, if PAC							
Street Address	treet Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount			
Full Name of Contributor					Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Cheek, etc.)			
		Ta: a .		10	Y	A			
City	State	Zip Code	M	D	Y	Атоил			
Full Name of Contributor				Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount			
Provided for contributions from individuals over \$100 to statewide and	aan ambaa aan di	datas. If pointributor is calf-arms	Josed the o	1	and the r	name of the			

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 100.00