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

Event Date 5/29/13	
Page 12	_

Prescribed by Secretary of State 03/0

Registration Number, if PAC	Name of Committee in Full		· · ···			
Full Name of Contributor Christopher J Long Christopher J Long Employer/Occupation/Labor Organization* O 5 3 0 1 3 \$360.00						
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1675 Haft Dr	Christopher J Long					
1675 Haft Dr	Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
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Full Name of Contributor	City	, .	Zip Code	Form (Cash, Check, etc.)		
Smith & Hale LLC	Reynoldsburg	OH	43068	check		
Employer/Occupation/Labor Organization*	Full Name of Contributor			Registration Number, if PAC		
37 W Broad StSte725		Smith & Hale LLC				
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Employer/Occupation/Labor Organization* M						
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Full Name of Contributor Registration Number, if PAC	Employer/Occupanon/Labor Organization*					
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Street Address Employer/Occupation/Labor Organization* M D Y Amount						
]	Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
	City		Zip Code	Form (Cash, Check, etc.)		
OH		OH				

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

4110.00

Total expenditures this event.

2768.14

Page Total \$ \$630.00

^{*} 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)]