

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 Michael Samuelson			Registration Number, if PAC	
Street Address 1126 Crestview St.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 7	Amount \$20.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Kelly Zimmerman			Registration Number, if PAC	
Street Address 289 Pathfinder Dr.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 7	Amount \$40.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Jason LaPorte			Registration Number, if PAC	
Street Address 1013 Hillridge Dr.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 7	Amount \$32.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Matt Cowden			Registration Number, if PAC	
Street Address 690 Andrea Lane	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 7	Amount \$20.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Jon Petz			Registration Number, if PAC	
Street Address 4320 Home Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 7	Amount \$20.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Kim Casner			Registration Number, if PAC	
Street Address 921 Quaint Ct.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 7	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Chuck Reisling			Registration Number, if PAC	
Street Address 7411 Donald Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 7	Amount \$120.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) 20 Cash/100 Visa	

* 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

1567.00

Total expenditures this event.

\$0.00

Page Total \$ 302.00