## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

| Name of Committee in Full                            |   | <del></del>                             |     |        |        |                          |                          |                                |
|--|---|---|-----|--------|--------|--------------------------|--------------------------|--------------------------------|
| Citizens for Aaron DeLong                            |   |   |     |        |        |                          |                          |                                |
| Full Name of Contributor April Oates                 |   | · · · · · · · · · · · · · · · · · · ·   | Reg | gistra | tion N | ımbe                     | я, if РА                 | AC                             |
| Street Address<br>7369 E Main St.                    | Employer/Occupation/Labor Organization* Cotner Funeral Home |   |     |        |        |                          |                          | Form (Cash, Check, etc.) Check |
| City<br>Reynoldsburg                                 | State<br>OH   | Zip Code<br>43068                       | 0   | 4      | D 3    | 1                        | Y 7                      | Amount<br>\$50.00              |
| ull Name of Contributor Registration Number, if P    |   |   |     |        |        |                          | π, if P/                 | AC                             |
| Street Address                                       | Employer/Occupation/Labor Organization*                     |   |     |        |        | -                        | Form (Cash, Check, etc.) |                                |
| City   | State<br>OH   | Zip Code                                | N   | 1      | D      |                          | Y                        | Amount                         |
| Full Name of Contributor                             | Dutor Registration Number, if P                             |   |     |        |        |                          | π, if PA                 | AC                             |
| Street Address                                       | Employer/Occupa   | ation/Labor Organization*               |     |        |        |                          |                          | Form (Cash, Check, etc.)       |
| City   | State<br>OH   | Zip Code                                | N   | 1      | D      |                          | Y                        | Amount                         |
| Tull Name of Contributor Registration Number, if PAC |   |   |     |        |        |                          |                          | AC                             |
| Street Address                                       | Employer/Occupation/Labor Organization*                     |   |     |        |        |                          | Form (Cash, Check, etc.) |                                |
| City   | State<br>OH   | Zip Code                                | N   | 1      | D      |                          | Y                        | Amount                         |
| Full Name of Contributor Registration Number, i      |   |   |     |        |        | π, if P/                 | AC                       |                                |
| Street Address                                       | Employer/Occupa   | ation/Labor Organization*               |     |        |        |                          | Form (Cash, Check, etc.) |                                |
| City   | State<br>OH   | Zip Code                                | N   | 1      | D      |                          | Y                        | Amount                         |
| Full Name of Contributor Registration Number, if F   |   |   |     |        |        |                          | r, if PA                 | AC .                           |
| Street Address                                       | Employer/Occupa   | ation/Labor Organization*               |     |        |        |                          | Form (Cash, Check, etc.) |                                |
| City   | State<br>OH   | Zip Code                                | Ň   | 1      | D      |                          | Y                        | Amount                         |
| Full Name of Contributor Registration Number, if R   |   |   |     |        |        | π, if P/                 | AC .                     |                                |
| Street Address                                       | Employer/Occupation/Labor Organization*                     |   |     |        |        | Form (Cash, Check, etc.) |                          |                                |
| City   | State<br>OH   | Zip Code                                | N   | 1      | D      |                          | Y                        | Amount                         |
| ull Name of Contributor Registration Number, if F    |   |   |     |        |        | л, if Р/                 | AC .                     |                                |
| Street Address                                       | Employer/Occupa   | Employer/Occupation/Labor Organization* |     |        |        |                          |                          | Form (Cash, Check, etc.)       |
| City   | State<br>OH   | Zip Code                                | M   | 1      | D      |                          | Y                        | Amount                         |

Page Total \$50.00

<sup>\*</sup> 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)]