



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Chris Long					
Full Name of Contributor Sandra Long				Registration Number, if PAC	
Street Address 1675 Haft D.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/14/2019	Amount 0.25	<i>to keep account active.</i>
Full Name of Contributor Teamsters Union Local No. 284, D.R.I.V.E. Fund				Registration Number, if PAC	
Street Address 555 E. Rich St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/03/2019	Amount 250.00	
Full Name of Contributor FOP Policital Education Fund				Registration Number, if PAC	
Street Address 6800 Schrock Hill Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY) 09/04/2019	Amount 500.00	
Full Name of Contributor Columbus Franklin County, AFL-CIO PCE				Registration Number, if PAC PCE	
Street Address 1525 Alum Creek Dr., 2nd Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/04/2019	Amount 250.00	
Full Name of Contributor Joe Bizjak				Registration Number, if PAC	
Street Address 7920 Tributary Lane		Employer/Occupation/Labor Organization* State of Ohio			Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/05/2019	Amount 100.00	

*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)]