

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Aaron DeLong							
Full Name of Contributor Ben Doerr						Registration Number, if PAC	
Street Address 1411 NW 46 Terr			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Credit Card	
City Gainesville		State FL	Zip Code 32605	M 0	D 2	Y 1 0 1 7	Amount \$150.00
Full Name of Contributor David DiYanni						Registration Number, if PAC	
Street Address 15131 Palmer Rd.			Employer/Occupation/Labor Organization* Pastor - Vineyard Church			Form (Cash, Check, etc.) Credit Card	
City Etna		State OH	Zip Code 43068	M 0	D 2	Y 1 0 1 7	Amount \$150.00
Full Name of Contributor Marshall Spalding						Registration Number, if PAC	
Street Address 1940 Glenford Ct.			Employer/Occupation/Labor Organization* Retired - City Councilman			Form (Cash, Check, etc.) Check	
City Reynoldsburg		State OH	Zip Code 43068	M 0	D 2	Y 1 0 1 7	Amount \$200.00
Full Name of Contributor Stephen Cicak						Registration Number, if PAC	
Street Address 6866 Roundelay Rd. N			Employer/Occupation/Labor Organization* City Councilman			Form (Cash, Check, etc.) Check	
City Reynoldsburg		State OH	Zip Code 43068	M 0	D 2	Y 1 7 1 7	Amount \$50.00
Full Name of Contributor Larry Eastham						Registration Number, if PAC .	
Street Address 1425 Crest Rd.			Employer/Occupation/Labor Organization* Unknown			Form (Cash, Check, etc.) Credit Card	
City Reynoldsburg		State OH	Zip Code 43068	M 0	D 2	Y 1 7 1 7	Amount \$28.00
Full Name of Contributor Kelly Zimmerman						Registration Number, if PAC	
Street Address 289 Pathfinder Dr.			Employer/Occupation/Labor Organization* C3 Church			Form (Cash, Check, etc.) Check	
City Reynoldsburg		State OH	Zip Code 43068	M 0	D 3	Y 0 9 1 7	Amount \$75.00
Full Name of Contributor Misty Day						Registration Number, if PAC	
Street Address 8058 Willowbrook Crossing Dr.			Employer/Occupation/Labor Organization* Wasserstrom			Form (Cash, Check, etc.) Credit Card	
City Blacklick		State OH	Zip Code 43004	M 0	D 3	Y 1 9 1 7	Amount \$75.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		OH					

* 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)]

Page Total **\$728.00**