

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Aaron DeLong</b>			
Full Name of Contributor <b>Melissa Greenwald</b>		Registration Number, if PAC	
Street Address <b>1136 Neil Ave</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   9   2   8   1   7</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b> Zip Code <b>43201</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Stephen Cicak</b>		Registration Number, if PAC	
Street Address <b>6866 Roundelay Rd. N</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   9   2   8   1   7</b>	Amount <b>\$500.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b> Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Stephanie McCloud</b>		Registration Number, if PAC	
Street Address <b>912 Rosehill Rd.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   9   2   8   1   7</b>	Amount <b>\$250.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b> Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>Credit Card</b>	
Full Name of Contributor <b>Misty Day</b>		Registration Number, if PAC	
Street Address <b>265 Broad St</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   9   2   8   1   7</b>	Amount <b>\$50.00</b>
City <b>Newark</b>	State <b>OH</b> Zip Code <b>43055</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Greg Binning</b>		Registration Number, if PAC	
Street Address <b>737 Corgi Dr.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   9   2   8   1   7</b>	Amount <b>\$100.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b> Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Kathleen Medley</b>		Registration Number, if PAC	
Street Address <b>8109 Priestly Dr.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   9   2   8   1   7</b>	Amount <b>\$25.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b> Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Lucinda Balach</b>		Registration Number, if PAC	
Street Address <b>8109 Priestly Dr.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   9   2   8   1   7</b>	Amount <b>\$40.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b> Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>Check</b>	

\* 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

<b>\$0.00</b>
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Total expenditures this event.

<b>\$0.00</b>
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Page Total \$ <b>\$1,065.00</b>
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