Event Date	6/29/09
Page	8

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05				gyspenia analysis and a second	
Name of Committee in Full							
The Committee for Chris Long							
Full Name of Contributor			Registra	tion Numl	oer, if PA	.C	
Richard Harris							
Street Address	1	ation/Labor Organization*	М	D	Y	Amount	#A AA
1100 Bedlington Ct.	City Au		0 6				50.00
City	State	Zip Code		ash,Check			
Reynoldsburg		43068		Checl			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Mel Clemens				T -	· · · · ·	B	
Street Address		ation/Labor Organization*	M	D	Y	Amount	E0 00
6594 Furth Drive		uncilman	0 6				50.00
City	State	Zip Code	Form(Ca	ash,Check			
Reynoldsburg	<u> </u>	43068	D	Cash	CONTRACTOR	<u> </u>	
Full Name of Contributor			Registra	tion Num	uer, it PA	IC.	
Doug Joseph Election Fund	- In 1 10	pation/Labor Organization*	M	D	Y	Amount	
Street Address			$\begin{bmatrix} M \\ 0 \end{bmatrix}$ 7	i .		N .	50.00
9250 Huggins Lane		uncilman Zip Code		ash,Check			30.00
City	State	I '	1	Chec			
Reynoldsburg	LO H	43068		tion Num	CONTRACTOR	<u>.</u>	
Full Name of Contributor			Kegistia	enon remi	oci, 11 17	10	
C	Employer/Occur	pation/Labor Organization*	M	I D	ΙΥ	Amount	
Street Address	15.Inployer/Occup	Jation/Labor Organization	1 "		'		
City	State	Zip Code	Form(C	ash,Checl	(.etc)		
e Cry				,			
Full Name of Contributor			Registra	ation Num	ber, if PA	NC	
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Υ	Amount	
						100	
City	State	Zip Code	Form(C	ash,Checl	k,etc)		
Full Name of Contributor			Registra	ation Nur	ber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
					(1000)000000000000000000000000000000000		
Full Name of Contributor			Registra	ation Nun	iber, if P	AC .	
					· · · · · · · · · · · · · · · · · · ·		
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		

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 No. 31-E" and list the date of the event in the date column.

Total	cor	trib	utio	ns th	is	even	ŧ	
		47	30	N. Sandara				

Total expenditures this event

266.28

Page Total \$	150.00
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^{*} 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 appear. [R.C. 3517.10(B)(4)]