31-A
R.C. 3517.10

Page	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

L. Committee in Full								
Vame of Committee in Full								
Committee for Sandy Long			Registration	Registration Number, if PAC				
Full Name of Coutributor			١					
Sandy Long	E-malou or /Oursen	tion/Labor Organization*				Form (Cash, Check, etc.)		
Street Address						Check		
1675 Haft Drive		ions, Inc.	M	DI	ΥI	Amount		
City	State	Zip Code	0 9	1 i I	1 1	300.00		
Reynoldsburg	OH	43068		0 4 on Number		500.00		
Full Name of Contributor			Registrati	OHINGHIOCI	, II FAC			
Reynoldsburg Republican Club						Form (Cash, Check, etc.)		
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
8135 Reynoldswood Drive								
City	State	Zip Code	M	D	Y	Amount		
Reynoldsburg	OLH	43068		0 9		1,000.00		
Full Name of Contributor			Registrat	ion Number	r,ifPAC			
I milyanic of contributor								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
Piteet Voraces								
	State	Zip Code	M	D	Y	Amount		
City	1 1	,						
			Registrat	tion Numbe	r,ifPAC			
Full Name of Contributor					,			
	G 1 /0	ation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occup	ation/Labor Organization*				, , , , , , , , , , , , , , , , , , , ,		
			Title I	 Di 	V1	Aurocau		
City	State	Zip Code	M		T	Amount		
					1	<u> </u>		
Full Name of Contributor		<u>-</u>	Registra	tion Numbe	er, if PAC			
Street Address	Employer/Occur	nation/Labor Organization*				Form (Cash, Check, etc.)		
C***	State	Zip Code	M	D	Y	Amount		
City	1	,						
			Registra	ation Numb	er, if PAC			
Full Name of Contributor			ľ					
	Employar/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)		
Street Ackiress	Empoyen	perior excor or grinzimon						
		Zip Code	М	DI	Y	Amount		
City	State	[2фсосе	"					
			Dotes	ation Numb	or if PAC	<u> </u>		
Full Name of Contributor			Registr	ation istunc	ei, ii rac			
i						In 10 1 (3 1 (3 1)		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
					_, .	<u> </u>		
Chy	State	Zip Code	М	D	Y	Amount		
Say .	1							
Full Name of Contributor			Registr	ation Numb	er,ifPAC			
Latti Latine Ot Court tratea			1					
C. Add.	Employer/Occi	.pation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employence							
	State	Zip Code	М	Di	Y	Amount		
City	State	ا	'"					
		atributor is self-employed the oc	oungtion and the	name of the	<u> </u>	<u> </u>		
	. I	ATTIMITED IS CHILENNING WELLING OF	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	WILLIAM OF THE				

* 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 individuals 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)]

Page Total \$	1,300.00