

Event Date	<u>8/29/09</u>
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>The Committee for Chris Long</b>							
Full Name of Contributor <b>William Smith</b>				Registration Number, if PAC			
Street Address <b>8123 Rodebaugh Rd.</b>		Employer/Occupation/Labor Organization* <b>Funeral Director</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>15.00</b>
City <b>Reynoldsburg</b>		State <b>O H</b>	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Fred Deskins</b>				Registration Number, if PAC			
Street Address <b>6625 Schenk Avenue</b>		Employer/Occupation/Labor Organization* <b>City Councilman</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>50.00</b>
City <b>Reynoldsburg</b>		State <b>O H</b>	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Shellie Edington/Tumblin 4 Kids</b>				Registration Number, if PAC			
Street Address <b>2026 Baldwin Rd.</b>		Employer/Occupation/Labor Organization* <b>Owner/Tumblin 4 Kids</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>25.00</b>
City <b>Reynoldsburg</b>		State <b>O H</b>	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Scotty Sellers/Sellers Services</b>				Registration Number, if PAC			
Street Address <b>6224 E. Livingston Ave.</b>		Employer/Occupation/Labor Organization* <b>Owner/Scotty's Bar &amp; Patio</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>380.00</b>
City <b>Reynoldsburg</b>		State <b>O H</b>	Zip Code <b>43.068</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Cash Contributions/List attached</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>450.00</b>
City		State	Zip Code	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

\* 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)]

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

420.00

Total expenditures this event

see 31-A

Page Total \$ 920.00