Event Date	8/29/09
Page	10

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secu	etary of State 3/05					
Name of Committee in Full							
The Committee for Chris Long							
Full Name of Contributor			Registrati	on Numb	er, if PA	Ü	
William Smith			,, ,	- TS T	- V 1	TA	
Street Address	1 ' '	tion/Labor Organization*	M	D	Y	Amount	15.00
8123 Rodebaugh Rd.	Funeral I		0 8 Form(Cas		0 9		10.00
City	l	Zip Code					
Reynoldsburg		43068	Registrati	Check		_	
Full Name of Contributor			Registrati	ion ivuinc	ei, ii ra	C	
Fred Deskins	Jr	time!! show Ownerization*	М	D	Y	Amount	
Street Address	Employer/Occupation/Labor Organization* City Councilman		0 8	2 9		Zunount	50.00
6625 Schenk Avenue	State	Zip Code		sh,Check.			50.00
City	) State	43068	١ .	Sheck			
Reynoldsburg		40000	Registrat			C	
Full Name of Contributor  Challies Edingston / Translain 4 Kids			- Copianal	, on a turk	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	-	
Shellie Edington/Tumblin 4 Kids Street Address	Employer/Occups	ation/Labor Organization*	M	D	Y	Amount	
Street Address 2026 Baldwin Rd.	, , -	Tumblin 4 Kids	1	2 9		ž.	25.00
ZUZO DAIGWIN KG.	State	Zip Code	Form(Ca	sh,Check	etc)		
•	I O H	43068		Check			
Reynoldsburg Full Name of Contributor		2.000	I	ion Numl		C	
Scotty Sellers/Sellers Services							
Street Address	Employer/Occupa	ntion/Labor Organization*	М	D	Y	Amount	
6224 E. Livingston Ave.	Owner/Scotty's Bar & Patio		0 9	0 1	0 9		380.00
City	State	Zip Code		sh,Check			
Reynoldsburg	OH	43.068		Checl			
Full Name of Contributor			Registrat	ion Num	ber, if PA	C.C	
Cash Contributions/List attached			M	pasa,		·	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D	Y	Amount	
15. Control 15. Co			0 8	2 9	0 9		450.00
City	State	Zip Code	Form(Ca	ish,Check			
				Cash	THE RESERVE OF THE PARTY OF THE		
Full Name of Contributor			Registra	tion Num	ber, if PA	vC.	
			<u> </u>	1 -	1	T.	
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
			<u> </u>	<u> </u>	<u> </u>		
City	State	Zip Code	Form(Ca	ish,Check	c,etc)		
					1		
Full Name of Contributor			Registra	tion Num	ber, if PA	IC.	
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
Secretarian							
City	State	Zip Code	Form(Ca	ash,Checl	(,etc)		
Company and the company of the compa							

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	Total expenditures this event	
420 00	See 31-N	

Page Total S	920.00
--------------	--------

<sup>\*</sup> 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)]