

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee for Chris Long							
Full Name of Contributor Barth Cotner				Registration Number, if PAC			
Street Address 1439 Jackson St.		Employer/Occupation/Labor Organization* Cotner Funeral Home		M 0	D 6	Y 2	Amount 35.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Gordon Pickett				Registration Number, if PAC			
Street Address 1429 Pike Street		Employer/Occupation/Labor Organization* Evaluations, Inc.		M 0	D 6	Y 2	Amount 35.00
City Etna		State O H	Zip Code 43018	Form(Cash,Check,etc) Check			
Full Name of Contributor Alfred Long				Registration Number, if PAC			
Street Address 6203 Roxburgh Ct.		Employer/Occupation/Labor Organization* retired		M 0	D 6	Y 2	Amount 25.00
City Columbus		State O H	Zip Code 43213	Form(Cash,Check,etc) Check			
Full Name of Contributor Nadine Morse				Registration Number, if PAC			
Street Address 6623 Forrester Way		Employer/Occupation/Labor Organization* City of Reynoldsburg		M 0	D 6	Y 2	Amount 35.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Stephanie McCloud				Registration Number, if PAC			
Street Address 912 Rosehill Road		Employer/Occupation/Labor Organization* attorney		M 0	D 6	Y 2	Amount 50.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor William Hill				Registration Number, if PAC			
Street Address 8175 Priestley Dr.		Employer/Occupation/Labor Organization* Council President		M 0	D 6	Y 2	Amount 50.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Mike Kozanecki				Registration Number, if PAC			
Street Address 8521 Morning Dew Dr.		Employer/Occupation/Labor Organization* City of Reynoldsburg		M 0	D 6	Y 2	Amount 50.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			

* 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

430

Total expenditures this event

266.28

Page Total \$ 280.00