

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee for Chris Long							
Full Name of Contributor Fred Deskins					Registration Number, if PAC		
Street Address 6625 Schenk Ave.		Employer/Occupation/Labor Organization* City Councilman			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 7	D 0 9	Y 0 9	Amount 50.00	
Full Name of Contributor Committee to Elect Brad McCloud					Registration Number, if PAC		
Street Address 52 E. Gay Street		Employer/Occupation/Labor Organization* Mayor			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43216	M 0 9	D 3 0	Y 0 9	Amount 500.00	
Full Name of Contributor Reynoldsburg Republican Club					Registration Number, if PAC		
Street Address 8175 Priestley Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 1 0	D 0 1	Y 0 9	Amount 200.00	
Full Name of Contributor Gordon Pickett					Registration Number, if PAC		
Street Address 1429 Pike Street		Employer/Occupation/Labor Organization* Evaluations, Inc.			Form (Cash, Check, etc.) Check		
City Etna	State O H	Zip Code 43018	M 1 0	D 1 3	Y 0 9	Amount 100.00	
Full Name of Contributor Marian Reitano					Registration Number, if PAC		
Street Address 13195 Coventry Ave.		Employer/Occupation/Labor Organization* Realtor			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 1 0	D 1 3	Y 0 9	Amount 25.00	
Full Name of Contributor Total Contributions from Form No. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0 6	D 2 9	Y 0 9	Amount 430.00	
Full Name of Contributor Total Contributions from Form No. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0 8	D 2 9	Y 0 9	Amount 920.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]