

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens For Aaron DeLong				
Full Name of Contributor Charlie Brockman			Registration Number, if PAC	
Street Address 6470 Penick Rd.	Employer/Occupation/Labor Organization*		M 0	D 4
City Reynoldsburg	State OH	Zip Code 43068	Y 7	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Kim Casner			Registration Number, if PAC	
Street Address 921 Quaint Ct.	Employer/Occupation/Labor Organization*		M 0	D 4
City Reynoldsburg	State OH	Zip Code 43068	Y 7	Amount \$40.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Jon Crye			Registration Number, if PAC	
Street Address 15999 Ett Noecher Rd.	Employer/Occupation/Labor Organization*		M 0	D 4
City Ashville	State OH	Zip Code 43103	Y 7	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Derrick & Kyle Smith			Registration Number, if PAC	
Street Address 1439 Jackson St.	Employer/Occupation/Labor Organization*		M 0	D 4
City Reynoldsburg	State OH	Zip Code 43068	Y 7	Amount \$40.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Eric Myers			Registration Number, if PAC	
Street Address 8410 Russett Ct.	Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville	State OH	Zip Code 43082	Y 7	Amount \$80.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
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 also 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

\$1,950.00

Total expenditures this event.

\$0.00

Page Total \$ **\$200.00**