



Statement of Contributions Received

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Full Name of Committee		_	<u> </u>		ORC 3517.10
Citizens for Chris Long					
Full Name of Contributor				Registration Numb	or if DAC
Steven W. Hicks for Freedom				registration Numb	er, II PAC
Street Address	Employ	yer/Occupation/Labo	or Organization*	<u> </u>	Form (Cash, Check, etc.)
1481 Lancaster Ave.		,			Check
City	State	Zip Code	Date (MM/D	D/VVV)	Amount
Reynoldsburg	он	43068	Date (WINVI)	10/05/2019	
Full Name of Contributor				Registration Numb	Ier, if PAC
IBEW 683 PCE				PCE	
Street Address	Employ	rer/Occupation/Labo	or Organization*	<u> </u>	Form (Cash, Check, etc.)
939 Goodale Blvd. Ste 100	l.		-		Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Coumbus	ОН	43212		10/10/2019	500.00
Full Name of Contributor	- 			Registration Number	er, if PAC
Street Address	Employe	er/Occupation/Labo	or Organization*		Form (Cash, Check, etc.)
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City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Number	er, if PAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
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City	State	Zip Code	Date (MM/DD	D/YYYY)	Amount
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Full Name of Contributor				Registration Numbe	r. if PAC
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Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
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City	State	Zip Code	Date (MM/DD	/YYY)	Amount
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*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)]

Page Total 600.00
