

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 Chris Long				
Full Name of Contributor FOP Political Education Fund			Registration Number, if PAC PCE	
Street Address 6800 Schrock Hill Ct.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43229	Y 2	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Stephanie McCloud			Registration Number, if PAC	
Street Address 912 Rosehill Rd.	Employer/Occupation/Labor Organization*		M 1	D 0
City Reynoldsburg	State OH	Zip Code 43068	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Friends of Larry Householder			Registration Number, if PAC	
Street Address 138 E. High St.	Employer/Occupation/Labor Organization*		M 1	D 0
City Glenford	State OH	Zip Code 43739	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Laipply			Registration Number, if PAC	
Street Address 4403 Hoffman Farms Dr.	Employer/Occupation/Labor Organization*		M 1	D 0
City Hilliard	State OH	Zip Code 43026	Y 0	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ohio Association of Professional Fire Fighters			Registration Number, if PAC Ohio Fire PAC - OH729	
Street Address 140 E. Town St.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Joe Bizjak			Registration Number, if PAC	
Street Address 1003 Sandrock Ave.	Employer/Occupation/Labor Organization*		M 1	D 0
City Reynoldsburg	State OH	Zip Code 43068	Y 0	Amount \$60.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Columbus Franklin County, AFL-CIO PCE			Registration Number, if PAC PCE	
Street Address 1545 Alum Creek Dr., 2nd Floor	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$250.00
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 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

\$2,410.00

Total expenditures this event.

\$159.34

Page Total \$ **\$1,960.00**