Event Date 9/20/17			
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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	Registration Number, if PAC		
Marian Reitano			Transfer Transfer Market
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
13195 Coventry Ave.			0 9 2 5 1 7 \$25.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pickerington	OH	43147	Check
Full Name of Contributor		<u> </u>	Registration Number, if PAC
Stephanie McCloud			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
912 Rosehill Rd.			0 9 2 5 1 7 \$200.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Check
Full Name of Contributor			Registration Number, if PAC
Mel Clemens			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
6594 Furth Dr.			0 9 2 5 1 7 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Check
Full Name of Contributor			Registration Number, if PAC
Matt Roth			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
7923 Oak Valley Rd.			0 9 2 5 1 7 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Check
Full Name of Contributor Nicodemus for Trustee			Registration Number, if PAC
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
1146 E. Carrousel Dr. E			0 9 2 5 1 7 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Check
Full Name of Contributor Joe Bizjak			Registration Number, if PAC
Street Address 1003 Sandrock Ave.	Employer/Occupation/Labor Organization*		0 9 2 5 1 7 Amount \$70.00
City Reynoldsburg	Stal te OH	Zip Code 43068	Form (Cash, Check, etc.) Check
Full Name of Contributor J. Patrick Mahaffey	· · · · · · · · · · · · · · · · · · ·	<u></u>	Registration Number, if PAC
Street Address 8135 Reynoldswood Dr.	Employer/Occupation/Labor Organization*		0 9 2 5 1 7 Amount \$50.00
City Reynoldsburg	Stal te OH	Zip Code 43068	Form (Cash, Check, etc.) Check
			

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	Total expenditures this event.		
\$910.00	\$56.98		

^{*} 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)]