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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				onto minimum construction.			
Name of Committee in Full							
The Committee for Chris Long							
Full Name of Contributor				Registration Number, if PAC			
Chris Long				v080mamanus	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1675 Haft Drive	The Candidate					cash	
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	ОН	43068	$0 \mid 4$	1 7	0 9	325.55	
Full Name of Contributor	С						
Chris Long							
Street Address	Employer/Occupation/Labor Organization*			0.000.000.000.000.000.000		Form (Cash, Check, etc.)	
1675 Haft Drive	The Candidate					cash	
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	O H	43068	$0 \mid 4$	2 0	0 9	581.02	
Full Name of Contributor	Registration Number, if PA						
Chris Long							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
1675 Haft Drive	The Candidate					cash	
City	State	Zip Code	М	D	Y	Amount	
Reynoldsburg	$O \mid H$	43068	$0 \mid 4$	2 7	0 9	721.36	
Full Name of Contributor			Market State of the State of th	tion Num	AND DESCRIPTION OF THE PARTY OF	Analysis of the Company of the Compa	
Chris Long							
Street Address	Employer/Occupation/Labor Organization*						
1675 Haft Drive	The Candidate				Form (Cash, Check, etc.) Cash		
City	State	Zip Code	M D Y			Amount	
Reynoldsburg	$O \mid H$	43068	0 4	I .	Ι.	21.00	
Full Name of Contributor		1 40000		CONTROL DOCUMENTO OF STREET	AND DESCRIPTION OF THE PERSON	Martin Agent Control of the Control	
Full Name of Contributor Registration Number, if PAC Chris Long							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1675 Haft Drive	The Candidate				cash		
City	State	Zip Code	М	D	Y	Amount	
Reynoldsburg	OH	Zip code	0 5	1	I .		
Full Name of Contributor			The state of the s	The Colors of Carlotte Printers of the Carlot		TARANGA OLI USANGA UNUUN ANDA ANDA ANDA ANDA ANDA ANDA AN	
Full Name of Contributor Registration Number, if PAC							
t Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Employ of Societation Significant of Sample of Signification						r om (cash, check, ctc.)	
City	State	Zip Code	М	D	Y	Amount	
	i	Zip Codo	"			i modik	
Full Name of Contributor	<u> </u>		Registra	tion Num	her if PA	C	
rull Name of Controllor Registral					.001, 11 1 2		
Street Address	Employar/Ocaun	ation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*					ronn (Cash, Check, etc.)	
O.		In a t	T \;		1		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if PAC						AC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
		.,					
City	State	Zip Code	М	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)]

Page Total \$ 1,948.93