Statement of Contributions Received

Prescribed by Secretary of State 3/05

				 -
Name of Committee in Full				
Citizens for Chris Long			D. Carrie M. L. 1994	r.
Full Name of Contributor			Registration Number, if PA	C
Reynoldsburg Republican Club				
Street Address	Employer/Occur	oation/Labor Organization*		Form (Cash, Check, etc.)
8135 Reynoldswood Drive)		_	Check
City	State	Zip Code	M D Y	Airrount
Reynoldsburg	$O \mid E$	43068	0 9 2 5 1	3 750.00
Full Name of Contributor		1 20 1111	Registration Number, if PA	C
				•
Doug Priesse Street Address	Employer/Occupation/Labor Organization*		-	Form (Cash, Check, etc.)
	Preisse Consulting, LLC			Check
41 S. High Street	State	Zp Code	M D Y	Amount
City			0 9 3 0 1	3 500.00
Columbus	0 1	1 43213	Registration Number, if P	·
Full Name of Contributor			1.0 gorunoi: realico, a r	
Single Individual		· · · · · · · · · · · · · · · · · · ·		Form (Cash, Check, etc.)
Street Address	Employer/Occu	pation/Labor Organization*		1
				Cash
City	State	Zip Code	M D Y	Amount
<u></u>			1 0 0 7 1	3 20.00
Full Name of Contributor	•		Registration Number, if Pa	AC
Marian Reitano			_	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
13195 Coventry Avenue				Check
City	State	Zip Code	M D Y	Amount
Pickerington	OIE	H 43147	0 1 0 9 1	3 25.00
Full Name of Contributor			Registration Number, if P.	AC
Contributions from form 31-A				
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)
Sheet Made 55	' '	•		
	State	Zip Code	M D Y	Amount
City			1 0 0 3 1	3 835.00
5 N 10 11			Registration Number, if P	
Full Name of Contributor				
	Employar/Oou	upation/Labor Organization*		Form (Cash, Check, etc.)
Street Address	EmployenOcc	upanoviator organization		
	Contra	7-C-10	M D Y	Amount
City	State	Zip Code		
·			De estection Number (CE	\
Full Name of Contributor			Registration Number, if F	AC .
			<u></u>	E - 10 1 0 1 1 1
Street Address	Employer/Occ	cupation/Labor Organization*		Form (Cash, Check, etc.)
1				
City	State	Zip Code	M D Y	Amount
				<u> </u>
Full Name of Contributor		<u> </u>	Registration Number, if I	PAC
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			Form (Cash, Check, etc.)
City	State	Zip Code	M D	Amount
L				
			141	

* 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 \$	2,130.00