

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 Matt Roth | | | Registration Number, if PAC | |
| Street Address 7923 Oak Valley Rd. | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Reynoldsburg | State OH | Zip Code 43068 | Y 0 | Amount \$150.00 |
| 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 0 | D 9 |
| City Reynoldsburg | State OH | Zip Code 43068 | Y 0 | Amount \$250.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Lucinda Balach | | | Registration Number, if PAC | |
| Street Address 8109 Priestley Df. | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Reynoldsburg | State OH | Zip Code 43068 | Y 0 | Amount \$50.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Katherine Chipps | | | Registration Number, if PAC | |
| Street Address 4086 Fitzpatrick Blvd. | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Canal Winchester | State OH | Zip Code 43110 | Y 0 | Amount \$50.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Aaron DeLong | | | Registration Number, if PAC | |
| Street Address 8545 Kingsley Dr. | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Reynoldsburg | State OH | Zip Code 43068 | Y 0 | Amount \$50.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Bill Sampson | | | Registration Number, if PAC | |
| Street Address 1065 Mastell Dr. | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Reynoldsburg | State OH | Zip Code 43068 | Y 0 | Amount \$50.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor James Hood | | | Registration Number, if PAC | |
| Street Address 8490 Landseer Dr. | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Reynoldsburg | State OH | Zip Code 43068 | Y 0 | Amount \$50.00 |
| 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

\$1,265.00

Total expenditures this event.

\$146.22

Page Total \$ **\$650.00**