

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Chris Long					
Full Name of Contributor Penny Basye			Registration Number, if PAC		
Street Address 8785 Linick Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Reynoldsburg	State O	Zip Code 43068	Amount 40.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Patrick Mahaffey			Registration Number, if PAC		
Street Address 8135 Reynoldswood Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Reynoldsburg	State O	Zip Code 43068	Amount 20.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor 11 Individuals			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City	State	Zip Code	Amount 230.00	Form(Cash,Check,etc)	
Full Name of Contributor Stephanie McCloud			Registration Number, if PAC		
Street Address 912 Rosehill Road	Employer/Occupation/Labor Organization* Stephanie B. McCloud, LLC		M 1	D 0	Y 0
City Reynoldsburg	State O	Zip Code 43068	Amount 300.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Matthew Roth			Registration Number, if PAC		
Street Address 13184 Brandon Circle	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Pickerington	State O	Zip Code 43147	Amount 30.00	Form(Cash,Check,etc) Cash	
Full Name of Contributor Deborah Peck			Registration Number, if PAC		
Street Address 487 Fall River Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Reynoldsburg	State O	Zip Code 43068	Amount 20.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Nathan Burd			Registration Number, if PAC		
Street Address 550 Shoal Court	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Reynoldsburg	State O	Zip Code 43068	Amount 60.00	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 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

835.00

Total expenditures this event

214.04

Page Total \$ **700.00**