

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 Aaron DeLong						
Full Name of Contributor April Oates				Registration Number, if PAC		
Street Address 7369 E Main St		Employer/Occupation/Labor Organization*		M	D	Y
				0	9	2
City Reynoldsburg		State OH	Zip Code 43068	8	1	7
				Amount \$50.00		
Form (Cash, Check, etc.) Check						
Full Name of Contributor Brett Luzader						
Street Address 1116 Gibson Rd.				Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount	
		0	9	2	\$25.00	
City Reynoldsburg		State OH	Zip Code 43068	8	1	7
				Amount \$25.00		
Form (Cash, Check, etc.) Check						
Full Name of Contributor Christopher Long						
Street Address 1675 Haft Dr.				Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount	
		0	9	2	\$50.00	
City Reynoldsburg		State OH	Zip Code 43068	8	1	7
				Amount \$50.00		
Form (Cash, Check, etc.) Check						
Full Name of Contributor Andrew Livelsberger						
Street Address 1663 Stouder Dr.				Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount	
		0	9	2	\$75.00	
City Reynoldsburg		State OH	Zip Code 43068	8	1	7
				Amount \$75.00		
Form (Cash, Check, etc.) Check						
Full Name of Contributor						
Street Address				Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor						
Street Address				Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor						
Street Address				Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)		

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$200.00**