

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Chris Long</b>													
Full Name of Contributor <b>Barbara Teague</b>						Registration Number, if PAC							
Street Address <b>1110 Tiffany Dr.</b>			Employer Occupation Labor Organization *				Form (Cash, Check, etc.) <b>Check</b>						
City <b>Reynoldsburg</b>		State <b>OH</b>		Zip Code <b>43068</b>		M <b>0</b>		D <b>4</b>		Y <b>2017</b>		Amount <b>\$100.00</b>	
Full Name of Contributor <b>Barth Cotner for Council</b>						Registration Number, if PAC							
Street Address <b>1862 Drugan Ct. SW</b>			Employer Occupation Labor Organization *				Form (Cash, Check, etc.) <b>Check</b>						
City <b>Reynoldsburg</b>		State <b>OH</b>		Zip Code <b>43068</b>		M <b>0</b>		D <b>4</b>		Y <b>2017</b>		Amount <b>\$42.22</b>	
Full Name of Contributor <b>Citizens for Aaron DeLong</b>						Registration Number, if PAC							
Street Address <b>8545 Kingsley Dr.</b>			Employer Occupation Labor Organization *				Form (Cash, Check, etc.) <b>Check</b>						
City <b>Reynoldsburg</b>		State <b>OH</b>		Zip Code <b>43068</b>		M <b>0</b>		D <b>5</b>		Y <b>1917</b>		Amount <b>\$42.22</b>	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer Occupation Labor Organization *				Form (Cash, Check, etc.)						
City		State <b>OH</b>		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer Occupation Labor Organization *				Form (Cash, Check, etc.)						
City		State <b>OH</b>		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer Occupation Labor Organization *				Form (Cash, Check, etc.)						
City		State <b>OH</b>		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
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City		State <b>OH</b>		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer Occupation Labor Organization *				Form (Cash, Check, etc.)						
City		State <b>OH</b>		Zip Code		M		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 also appear [R.C. 3517.10(B)(4)]