

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 David Kennedy			Registration Number, if PAC	
Street Address 107 W. Johnstown Rd.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 5 1 7	Amount \$50.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Citizens for Kevin Bacon			Registration Number, if PAC	
Street Address 260 N. Cassady Ave.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 1 7	Amount \$250.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Committee for Jim Hughes			Registration Number, if PAC	
Street Address 52 E. Gay St.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 8 1 7	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	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

\$2,410.00

Total expenditures this event.

\$159.34

Page Total \$ **\$450.00**