

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 Misty Day-Booher | | | | Registration Number, if PAC | | | |
| Street Address 265 Broad St. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 4 | 2 | \$50.00 |
| City Newark | | State OH | Zip Code 43055 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Susan Swyt | | | | Registration Number, if PAC | | | |
| Street Address 7356 Tullymore | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 4 | 2 | \$40.00 |
| City Dublin | | State OH | Zip Code 43016 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Michael & Donna Bauman | | | | Registration Number, if PAC | | | |
| Street Address 8619 Taylor Rd. SW | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 4 | 2 | \$50.00 |
| City Reynoldsburg | | State OH | Zip Code 43068 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Melissa Greenwald | | | | Registration Number, if PAC | | | |
| Street Address 1136 Neil Ave. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 4 | 2 | \$50.00 |
| City Columbus | | State OH | Zip Code 43201 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Stacey & Jon Petz | | | | Registration Number, if PAC | | | |
| Street Address 4320 Home Rd. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 4 | 2 | \$40.00 |
| City Powell | | State OH | Zip Code 43065 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Roger Parsons | | | | Registration Number, if PAC | | | |
| Street Address 13 Beacon Light Lane | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 4 | 2 | \$20.00 |
| City Buckeye Lake | | State OH | Zip Code 43008 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Stephen Cicak | | | | Registration Number, if PAC | | | |
| Street Address 6866 Roundelay Rd. N. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 4 | 2 | \$80.00 |
| City Reynoldsburg | | State OH | Zip Code 43068 | Form (Cash, Check, etc.) Cash | | | |

* 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

\$1,950.00

Total expenditures this event.

\$0.00

Page Total \$ **\$330.00**