

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 Melissa Greenwald				Registration Number, if PAC			
Street Address 1136 Neil Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	28	\$100.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) Check			
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	9	28	\$500.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Brad & Stephanie McCloud				Registration Number, if PAC			
Street Address 912 Rosehill Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	28	\$250.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Credit Card			
Full Name of Contributor Misty Day				Registration Number, if PAC			
Street Address 265 Broad St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	28	\$50.00
City Newark		State OH	Zip Code 43055	Form (Cash, Check, etc.) Check			
Full Name of Contributor Greg Binning				Registration Number, if PAC			
Street Address 737 Corgi Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	28	\$100.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Kathleen Medley				Registration Number, if PAC			
Street Address 8109 Priestly Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	28	\$25.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Lucinda Balach				Registration Number, if PAC			
Street Address 8109 Priestly Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	28	\$40.00
City Reynoldsburg		State OH	Zip Code 43068	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 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 \$ 1,065.00
