

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Chris Long</b>											
To Whom Paid <b>Expenditure from Form 31-F</b>						M	D	Y	Amount <b>214.04</b>		
						1	0	0	3	1	3
Address				Purpose							
City				State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount		