



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Citizens for Chris Long						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Franklin County Republican Party			08/01/2018		100.00	
Street Address Purpose						
15 N. 4th Street	Contribution					
City	State	Zip Code Check Number			ck Number	
Columbus	ОН	432	3215 1009			
To Whom Paid			Date (MM/DD/YYYY) Amount		Amount	
Street Address	Purpose					
City	i i	Zip	Zip Code Ch		neck Number	
To Whom Paid	ОН		Date (MM/DD/YYYY)	_	Amount	
Street Address	Purpose					
City	State OH	Zip	Zip Code Check Number		eck Number	
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)	ï	Amount	
Street Address	Purpose					
City	State OH	Zip	Zip Code		Check Number	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State OH	Zip Code Check Number			eck Number	

Page Total \$ 100.00