

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Chris Long										
To Whom Paid SC Bar & Kitchen						M	D	Y	Amount	
						0	9	20	17	\$56.98
Address 1921 St. Rt. 256				Purpose food						
City Reynoldsburg		State OH	Zip Code 43068	Check Number debit						
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						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$56.98
Page Total \$