



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F

R.C. 3517.10

Full Name of Committee Committee to Elect Nadia Long				
To Whom Paid Grandad's Pizza			Date (MM/DD/YYYY) 08/24/2019	Amount \$50.17
Street Address 4093 Trueman Boulevard		Purpose Food/beverages for campaign fundraising event		
City Hilliard	State OH	Zip Code 43026	Check Number N/A	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street 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.

Page Total \$ 50.17