31 <b>-</b> F
R.C. 3517.10

Event Date	10/4/17	
Page	<u>,                                     </u>	

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full	<del></del>					
Citizens for Chris Long						
To Whom Paid	<del> </del>		M	D	Y	Amount
Dempsey's Food & Spirits			I .	0 4	1 1	\$159.34
Address	Purpose			1	<u> </u>	
346 S. High St.	food & tip	food & tip				
City	Sta te	Zip Code		Check Number		
Columbus	OH	OH 43215		debit		
To Whom Paid			M	D	Y	Amount
Address	Purpose		<b></b>	<del></del>		<del></del>
City	State	Zip Code	Check N	Check Number		
		İ				
To Whom Paid			М	Ď	Y	Amount
Address	Purpose				J	<u> </u>
City	Sta te	Zip Code	Check N	lumber	<del></del> -	
	Sialis	Lip code	Check			
To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check Number			
7.77				T E	1 12	
To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check N	lumber		
	ОН				7	
To Whom Paid			M	D	Y	Amount
Address	Purpose			<u> </u>	<del></del>	<del></del>
City	State State	State Zip Code Check Number				
	ОН					
To Whom Paid			M	D	Y	Amount
Address	Purpose		·	<u></u> :		
City	Sta te	Zip Code	Check 1	Number		
	ОН					

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.

\$159.34 Page Total \$