

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full The Committee for Chris Long									
To Whom Paid American Express						M	D	Y	Amount
						1	0	0	4
Address PO Box 981540						Purpose Fee to accept electronic donations via website			
City El Paso						State T X		Zip Code 79998	
Check Number EFT/ACH									
To Whom Paid American Express						M	D	Y	Amount
						1	1	0	3
Address PO Box 981540						Purpose Fee to accept electronic donations via website			
City El Paso						State T X		Zip Code 79998	
Check Number EFT/ACH									
To Whom Paid American Express						M	D	Y	Amount
						1	2	0	3
Address PO Box 981540						Purpose Fee to accept electronic donations via website			
City El Paso						State T X		Zip Code 79998	
Check Number EFT/ACH									
To Whom Paid From Form 31-N						M	D	Y	Amount
									0.00
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									