

## 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							M	D	Y	Amount			
Prost Beer & Wine Cafe							0	9	0	6	1	7	\$146.22
Address				Purpose									
7354 E. Main St.				food									
City				State	Zip Code		Check Number						
Reynoldsburg				OH	43068		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			
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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													

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.

\$146.22  
Page Total \$