Event Date	9/6/17	
Page 14	!	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

V 60 51							
Name of Committee in Full Citizens for Chris Long							
To Whom Paid			M	D	Y	Amount	
Prost Beer & Wine Cafe				0 6	1 7	\$146.22	
Address	Purpose			<u></u>	 -		
7354 E. Main St.	food						
City	Sta te	Zip Code Check Number					
Reynoldsburg	OH	OH 43068		debit			
To Whom Paid			M	D	Y	Amount	
Address	Purpose			1	11		
	l ar poss						
City	State	State Zip Code			Check Number		
To Whom Paid		M	D	Y	Amount		
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Address	Purpose			_			
City	State	Zip Code	Check N	lumber			
	State		Check Number				
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
City	Sta te	Zip Code	Check N	Check Number			
To Whom Paid			M	D	Y	Amount	
					and a second		
Address	Purpose		<u>L.</u>	٠	 -		
City	State	Zip Code	Check N	lumber			
To Whom Do	ОН			-	1 12	Ama	
To Whom Paid			M	D	Y	Amount	
Address	Purpose					1	
	Larpose						
City	State	Zip Code	Check N	Check Number			
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To Whom Paid			М	D	Y	Amount	
Allen						<u></u>	
Address	Purpose						
City	State	Zip Code	Check N	Vumber			
•	OH		CHOCK				

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 \$