

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full												
The Committee for Chris Long												
To Whom Paid						M	D	Y	Amount			
That Pizza Place						0	6	2	9	0	9	50.00
Address				Purpose								
6569 E. Livingston Ave.				Food and Tip								
City		State		Zip Code		Check Number						
Reynoldburg		O H		43068		105						
To Whom Paid						M	D	Y	Amount			
That Pizza Place						0	6	2	9	0	9	18.28
Address				Purpose								
6569 E. Livingston Ave.				Food								
City		State		Zip Code		Check Number						
Reynoldburg		O H		43068		106						
To Whom Paid						M	D	Y	Amount			
Sunshine Catering						0	6	2	9	0	9	198.00
Address				Purpose								
7305 Kilnstone Ct.				Room Rental and Beverages								
City		State		Zip Code		Check Number						
Reynoldburg		O H		43068		107						
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						

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.