Event Date	6/29/09
Page	9

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full					Constitution of the Consti		***************************************		
The Committee for Chris Long To Whom Paid			М	D	Y	Amount			
That Pizza Place			1 1		0 9	1	50.00		
Address	Purpose								
6569 E. Livingston Ave.		Food and Tip							
City	State				Check Number				
Reynoldburg	OH	43068		105					
To Whom Paid	<u> </u>		М	D		Amount			
That Pizza Place			0 6	2 9	0 9		18.28		
Address	Purpose								
6569 E. Livingston Ave.	Food								
City	State	Zip Code	Check N						
Reynoldburg	LO H	43068		106	, , , , , , , , , , , , , , , , , , ,	A			
To Whom Paid			M	D		Amount	100.00		
Sunshine Catering			0 6	2 9	0 9	L	198.00		
Address	Purpose								
7305 Kilnstone Ct.		Room Rental and Beverages State Zin Code Check Number							
City	State	Zip Code	C neck N						
Reynoldburg	O_H_	43068	M	107 D	Υ	Amount			
To Whom Paid			IVI		1	geografia			
Address	Purpose					J			
Audil 699									
City	State	Zip Code	Check N	Check Number					
To Whom Paid	-		M	D	Y	Amount			
Address	Purpose			_					
City	State	Zip Code	Check ?	Check Number					
				170	T	Arran			
To Whom Paid			М	D	Y	Amount			
A PARAMETER AND A PARAMETER AN	I w			<u></u>	<u></u>	1			
Address	Purpose								
		Zin Code	Chest	Number					
City	State	Zip Code	Check	, tambel					
To N. I			M	T D	Υ	Amount			
To Whom Paid			1						
Address	Purpose								
Address	The process								
City	State	Zip Code	Check	Number					
and the second s			-						
8				**************	WINDS TO SHOW THE PARTY OF THE	WINDS TO SERVICE STREET, STREE	PARTY AND PROPERTY OF THE PARTY		

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.