

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Chris Long									
To Whom Paid GFS						M	D	Y	Amount 172.84
Address 6375 Tussing Road						Purpose Food & Supplies			
City Reynoldsburg						State O H		Zip Code 43068	Check Number Debit
To Whom Paid Giant Eagle						M	D	Y	Amount 50.82
Address 6867 E. Broad Street						Purpose Food			
City Columbus						State O H		Zip Code 43213	Check Number Debit
To Whom Paid GFS						M	D	Y	Amount (9.62)
Address 6375 Tussing Road						Purpose Refund/Return			
City Reynoldsburg						State O H		Zip Code 43068	Check Number 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

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.