Event Date	4-22-07
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full	-			**		
Citizens for Lori Tyack						
To Whom Paid	·		M D Y Amount			
Black Wing Shooting			0 4 2 2 0 7	735.49		
Address	Purpose		1 - 1 + 1 - 1 - 1 - 1 · 1			
3722 Marysville Road	facility re	ntal, equipment re	ntal, Ammunition			
City	State	Zip Code	Check Number			
Delaware	ОН	43015	Check Card			
To Whom Paid			M D Y Amount			
Giant-Eagle			0 4 2 2 0 7	33.55		
Address	Purpose		1 - 1 - 1 - 1 - 1 - 1 - 1			
	Food for t	fundraiser				
City	State	Zip Code	Check Number			
Columbus	$O \mid H$		check card			
To Whom Paid	· · · · · · · · · · · · · · · · · · ·	. 	M D Y Amount			
U.S. Post Office			0 4 2 2 0 7	28.00		
Address	Purpose	· · · · · · · · · · · · · · · · · · ·				
	postage					
City -	State	Zip Code	Check Number			
Columbus	OH		check card			
To Whom Paid			M D Y Amount			
U.S. Post Office			0 4 0 3 0 7	390.00		
Address	Purpose					
	postage					
City	State	Zip Code	Check Number			
Columbus	ОН		check card			
To Whom Paid	. ~ '		M D Y Amount			
Staples			0 4 0 3 0 7	84.78		
Address	Purpose					
	Invitations/envelopes					
City	State	Zip Code	Check Number			
Columbus	ОН		Check Card			
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			
	l 1					

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.

Page Total \$ __1.271.82_