

## **Statement of Expenditures**

Form 31-B

R.C. 3517.10

Full Name of Committee					
FRIENDS OF DR. ANAHI ORTIZ	<u> </u>				
To Whom Paid		_	Date (MM/DD/YYYY)		Amount
To Whom Paid  CITIZENS FOR LAURIE M. TYACK  Street Address			10/03/2017		\$100.00
Street Address	Purpose		•		
Street Address  545 EAST TOWN STREET  City  COLUMB 45	CAMPAIGN CONTRIBUTION State Zip Code Check Number				
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Page Total \$	100.00