



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF DR. ANAHI ORTIZ			
To Whom Paid CITIZENS FOR LAURIE M. TYACK		Date (MM/DD/YYYY) 10/03/2017	Amount \$100.00
Street Address 545 EAST TOWN STREET		Purpose CAMPAIGN CONTRIBUTION	
City COLUMBUS	State OH	Zip Code 43215	Check Number 169
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 100.00