

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 Bar of Modern Art | | | | | | M 1 | D 0 | Y 0 | Amount 1,901.25 |
| Address 583 East Broad Street | | | Purpose Fundraiser - Event Space Rental | | | | | | |
| City Columbus | | | State O | H H | Zip Code 43215 | Check Number 0263 | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | Purpose | | | | | | |
| City | | | State | H | Zip Code | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | Purpose | | | | | | |
| City | | | State | H | Zip Code | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | Purpose | | | | | | |
| City | | | State | H | Zip Code | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | Purpose | | | | | | |
| City | | | State | H | Zip Code | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | Purpose | | | | | | |
| City | | | State | H | Zip Code | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | Purpose | | | | | | |
| City | | | State | H | 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.