Event I	Date	
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 M. Tyack				
To Whom Paid				
Black Wing Shooting			M D Y Amount	
Address	Purpose		0 5 0 9 0 9	493.00
3722 Marysville Road	ļ ⁻	antal and armali		
City City	State	rental and suppli	Check Number	
Delaware	1	1		
To Whom Paid	O H	. '43013	Credit Card M D Y Amount	
USPS				40 6.00
Address	Purpose	V	0 4 1 7 0 9	126.00
Main Office Window	Postage			
City	State	Zip Code	Check Number	
Columbus	OH	=	Credit Card	
To Whom Paid		TULIUTITIE		
Giant Eagle				75.00
Address	Purpose		0 5 0 1 0 9	75.60
	1 -	Fundraiser		
City	State	Zip Code	Check Number	
Columbua	OH	1	Check Card	
To Whom Paid				
			M D Y Amount	
Address	Purpose			
	,			
City	State	Zip Code	Check Number	
		Lip Code	Check (valide)	
To Whom Paid	1		M D Y Amount	
			M D Y Amount	
Address	Purpose			
	'			
City	State	Zip Code	Check Number	
		Lip Code	CHECK TAUMDEL	
To Whom Paid			M D Y Amount	
			M D Y Amount	
Address	Purpose			
	•			
City	State	Zip Code	Check Number	
		Zip Code	Check Number	
To Whom Paid			M D Y Amount	
			M D Y Amount	
Address	Purpose			
	,p			
City	State	Zip Code	Check Number	
		Zip Code	Cneck Number	
	1	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 \$694.60	
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