

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Lori M. Tyack											
To Whom Paid Marilynn Stephens						M	D	Y	Amount \$144.00		
						0	7	1	9	1	0
Address 857 S 5th Street			Purpose Reimbursement- Stamps for FR Event								
City Columbus			State OH	Zip Code 43206		Check Number 388					
To Whom Paid The Links at Groveport						M	D	Y	Amount \$1,600.00		
						0	9	0	9	1	0
Address 1005 Richardson Road			Purpose Golf Outing								
City Groveport			State OH	Zip Code 43215		Check Number 394					
To Whom Paid Papa Joe's Pizza Richardson						M	D	Y	Amount \$720.00		
						0	9	0	9	1	0
Address 1005 Richardson Road			Purpose Food for Golf Outing								
City Groveport			State OH	Zip Code 43215		Check Number Card					
To Whom Paid Graphic Technologies						M	D	Y	Amount \$96.08		
						1	0	2	6	1	0
Address P.O. Box 248			Purpose Golf Tee Signs								
City Groveport			State OH	Zip Code 43215		Check Number 306					
To Whom Paid Golfsmith						M	D	Y	Amount \$100.00		
						0	9	0	7	1	0
Address 3695 Easton Market			Purpose Two \$50 gift certificates for golf outing								
City Columbus			State OH	Zip Code 43219		Check Number Card					
To Whom Paid NSF Returned Check						M	D	Y	Amount \$2,000.00		
						1	0	2	2	1	0
Address P.O. Box 1558			Purpose Dennis Johnson, Jr. NSF Returned Check								
City Columbus			State OH	Zip Code 43216		Check Number					
To Whom Paid						M	D	Y	Amount		
Address			Purpose								
City			State OH	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.

\$4,660.08

Page Total \$