Event Date	4/24/15
Page 1	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

		<u> </u>			
Name of Committee in Full Friends of Tina Pierce					
To Whom Paid Sam's Club			0 4 2 4 1 5	Amount \$47.16	
Address 3950 Morse Road	Purpose Cookies fo	or social event at T			
City Columbus	State OH	Zip Code 43219	Check Number		
To Whom Paid		•	M D Y	Amount	
Address	Purpose				
City	State OH	Zip Code	Check Number		
To Whom Paid			M B Y	Amount	
Address	Purpose				
City	Stajte OH	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	Stajte OH	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State OH	Zip Code	Check Number		
To Whom Paid			M B Y	Amount	
Address	Purpose				
City	Sta [*] te OH	Zip Code	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.

\$47.16
Page Total \$