Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Tina Pierce				
To Whom Paid M. D. Y. Amount				
Reimbursement to Tina Pierce for Third Friday Luncheon FCDP 0 5 2 2 1 5 \$17.00				
Address Third Friday Luncheon - 372 Cumberland Drive	Franklin County Democratic Party Third Friday Luncheon			
City Columbus	State OH	Zip Code 43213	Check Number	
Reimbursement to Andrew Pierce for Campaign Team Meal			0 5 1 8 1 5	Amount \$26.52
Address Buffalo Wild Wings 152 Graceland Blvd.	Meal and beverage during campaign team meeting			
City Columbus	State OH_	Zip Code 43214	Check Number	
Expenditures from Form 31-F			0 4 1 8 1 5	Amount \$24.71
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid Expenditures from Form 31-F			M D Y 5	Amount \$18.00
Address	Purpose		<u> </u>	
City	State OH	Zip Code	Check Number	ing (S. T. Color of the Color o
To Whom Paid Expenditures from Form 31-F			0 4 2 4 1 5	Amount \$47.16
Address	Purpose		- ·l · · · · -	
City	State OH	Zip Code	Check Number	Part of the second
To Whom Paid Expenditures from Form 31-F			M D Y 15	Amount \$524.28
Address	Purpose		<u> </u>	
City	State OH	Zip Code	Check Number	
To Whom Paid Huntington National Bank			M D Y 0 4 1 5 1 5	Amount \$2.50
Address PO Box 1558 EA1W37	Purpose Statement F	ee		
City Columbus	State OH	Zip Code 43216	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		<u> </u>	
City	State OH	Zip Code	Check Number	