

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Tina Pierce						
To Whom Paid OfficeMax			M 0	D 1	Y 1	Amount \$130.57
Address 3826 Morse Road		Purpose Petition Drive: Copies of Petitions, Clipboards, Printer Ink				
City Columbus	State OH	Zip Code 43219	Check Number			
To Whom Paid Starbucks			M 0	D 1	Y 1	Amount \$62.55
Address 3416 North High Street		Purpose Petition Drive: Coffee, Cups, Creamer, Sugar				
City Columbus	State OH	Zip Code 43214	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State 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	D	Y	Amount
Address		Purpose				
City	State 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	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.

\$193.12  
Page Total \$