

# 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 Reimbursement to Tina Pierce for Gospel Comedy Show				M 0	D 4	Y 2	Y 1	Y 1	Y 5	Amount \$10.00
Address Columbus Funny Bone 145 Easton Town Center				Purpose Gospel Comedy Show Admission						
City Columbus				State OH		Zip Code 43219		Check Number		
To Whom Paid Reimbursement to Tina Pierce for meal during the Gospel Comedy Show				M 0	D 4	Y 2	Y 1	Y 1	Y 5	Amount \$8.00
Address Columbus Funny Bone 145 Easton Town Center				Purpose Meal during Gospel Comedy Show						
City Columbus				State OH		Zip Code 43219		Check Number		
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State OH		Zip Code		Check Number		
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State OH		Zip Code		Check Number		
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State OH		Zip Code		Check Number		
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State OH		Zip Code		Check Number		
To Whom Paid				M	D	Y	Y	Y	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.

\$18.00  
Page Total \$