Event Date	4/21/15	
Page 1		-

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			M D Y	Amount		
Reimbursement to Tina Pierce for Gosp	pel Comed	y Show	0 4 2 1 1 5	\$10.00		
Address		_ 				
Columbus Funny Bone 145 Easton Town Center		omedy Show Admi				
City Columbus	State	Zip Code 43219	Check Number			
To Whom Paid	ОН	43219	M 15 19			
Reimbursement to Tina Pierce for meal during	Comedy Show	0 4 2 1 1 5	\$8.00			
Address	1017 12 11 11 12	7 \$6.00				
Columbus Funny Bone 145 Easton Town Center	Purpose Meal during Gospel Comedy Show					
City	State	Zip Code	Check Number			
Columbus	OH	43219				
To Whom Paid			M D Y	Amount		
Address	In			<u> </u>		
Vitiniezz	Purpose					
City	State	Zip Code	Check Number	-		
·	ОН		,			
To Whom Paid			M D Y	Amount		
·						
Address	Purpose					
	[
City	State	Zip Code	Check Number			
To Whom Paid	OH		137 1 2 1 2			
10 Wilder and			M D Y	Amount		
Address	Purpose			<u> </u>		
	'			·		
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M D Y	Amount		
Address	Purpose					
City	State	Zip Code	Check Number			
,	OH	E.p Code	Chesa Rumbe			
To Whom Paid		<u>- I</u>	M D Y	Amount		
Address	Purpose		1 · .l., <u>2 l · ·</u>			
City	State	Zip Code	Check Number			
	ОН	<u> </u>				

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 \$