

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 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 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	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
OH									
To Whom Paid				M	D	Y	Y	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
OH									
To Whom Paid				M	D	Y	Y	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
OH									
To Whom Paid				M	D	Y	Y	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
OH									
To Whom Paid				M	D	Y	Y	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
OH									

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 \$