



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Tina Pierce				
To Whom Paid Park Columbus		Date (MM/DD/YYYY) 06/13/2019		Amount \$0.75
Street Address E. State Street		Purpose Meter Parking		
City Columbus	State OH	Zip Code 43215	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 0.75