Event Date	9/20/15
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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
Costco			_ 0 9 1 9 1 5	\$44.35
Address	Purpose			<u>-</u>
3888 Stelzer Road		water for event		
Coty	State	Zip Code	Check Number	
Columbus To Whom Paid	ОН	43219		
Giant Eagle Market District			0 9 2 0 1 5	Amount \$10.99
Address	Purpose			
840 West 3rd Avenue		Food for event		
City	State	Zip Code	Check Number	
Columbus	ОН	43212		
To Whom Paid			0 9 2 0 1 5	Amount
Kroger Address	Purpose		ק ווטן אַ פּוְטוֹ	\$1.50
3417 North High Street	Food for e	vent		
City	State	Zip Code	Check Number	
Columbus	OH	43214		
To Whom Paid			M D Y	Amount
				:
Address	Purpose		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. <u> </u>
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		, , , , , , , , , , , , , , , , , , ,	
City	Sta te	Zip Code	Check Number	
	OH			
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
	OH			
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		M D Y	Amount
Address	Purpose		1 1 1 1 1	_
City	Sta te	Zip Code	Check Number	
	ОН			

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.

\$56.84				
Page Total S				