

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 copies of petitions at Staples				M 0	D 1	Y 0	Y 9	Y 1	Y 5	Amount \$3.67
Address Staples: Olentangy River Road		Purpose Campaign Kick-off: Copies of petitions								
City Columbus		State OH	Zip Code 43212		Check Number Staples Copy Card					
To Whom Paid Reimbursement to Tina Pierce for purchase of food and beverage at Patrick J's				M 0	D 1	Y 0	Y 9	Y 1	Y 5	Amount \$95.00
Address Patrick J's: 2711 North High Street		Purpose Campaign Kick-off: Food and beverage								
City Columbus		State OH	Zip Code 43214		Check Number Mastercard					
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.

\$98.67
Page Total \$