



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

| | | | | |
|---|--------------------------------------|---------------------------------|--------------|-------------------|
| Full Name of Committee Friends of Tina Pierce | | | | |
| To Whom Paid Kroger | | Date (MM/DD/YYYY) 04/13/2019 | | Amount \$11.12 |
| Street Address 3417 N High Street | | Purpose Food | | |
| City Columbus | State OH <input type="checkbox"/> | Zip Code 43214 | Check Number | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| Street Address | | Purpose | | |
| City | State <input type="checkbox"/> | Zip Code | Check Number | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| Street Address | | Purpose | | |
| City | State <input type="checkbox"/> | Zip Code | Check Number | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| Street Address | | Purpose | | |
| City | State <input type="checkbox"/> | Zip Code | Check Number | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| Street Address | | Purpose | | |
| City | State <input type="checkbox"/> | Zip Code | Check Number | |
| To Whom Paid | | Date (MM/DD/YYYY) | | Amount |
| Street Address | | Purpose | | |
| City | State <input type="checkbox"/> | 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.

Page Total \$ 11.12