

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 Terri Denise Taylor for room rental The City of Columbus Recreation and Parks Department				M 0	D 6	Y 0	Amount \$210.00
Address 2845 Bretton Woods Drive		Purpose Rental Fee for Park of Roses Shelterhouse					
City Columbus	State OH	Zip Code 43231	Check Number				
To Whom Paid Michael's				M 0	D 8	Y 3	Amount \$10.31
Address 90 Graceland Blvd		Purpose Invitations					
City Columbus	State OH	Zip Code 43212	Check Number				
To Whom Paid USPS Clintonville Finance				M 0	D 9	Y 0	Amount \$39.20
Address 4364 North High Street		Purpose Booklets of Forever Stamps					
City Columbus	State OH	Zip Code 43214	Check Number				
To Whom Paid Reimbursement to Tina Pierce for Dollar Tree purchases				M 0	D 9	Y 1	Amount \$8.60
Address 4571 Morse Centre Drive		Purpose Tablecovers and cutlery					
City Columbus	State OH	Zip Code 43229	Check Number				
To Whom Paid Sam's Club				M 0	D 9	Y 1	Amount \$26.96
Address 3950 Morse Road		Purpose Food for event					
City Columbus	State OH	Zip Code 43219	Check Number				
To Whom Paid Kroger				M 0	D 9	Y 1	Amount \$7.97
Address 199 Graceland Blvd.		Purpose Food for event					
City Columbus	State OH	Zip Code 43212	Check Number				
To Whom Paid Kroger				M 0	D 9	Y 1	Amount \$7.98
Address 199 Graceland Blvd.		Purpose Food for event					
City Columbus	State OH	Zip Code 43214	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.