

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 purchase of petition copies, clipboards, printer ink at OfficeMax				M 0	D 1	Y 1	Amount \$130.57
Address OfficeMax: 3826 Morse Road		Purpose Petition Drive: Copies of petitions, clipboards, printer ink					
City Columbus	State OH	Zip Code 43219	Check Number Mastercard				
To Whom Paid Reimbursement to Tina Pierce for purchase of Starbucks coffee				M 0	D 1	Y 1	Amount \$62.55
Address Starbucks: 3416 North High Street		Purpose Petition Drive: Coffee, cups, creamer, sugar					
City Columbus	State OH	Zip Code 43214	Check Number Mastercard				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	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.

\$193.12
Page Total \$