Event Date	2/6/15
Page 1	

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
Columbus Recreation Parks Departmen	t	0 2 0 4 1 5 \$100.00
Address	Purpose	<u> </u>
Whetstone Recreation Center 3923 North High Street	Popcorn with Pierce: Room Rental	
City	State Zip Code	Check Number
Columbus	OH 🔽 43214	
To Whom Paid		M D Y Amount
Dollar Tree		0 2 0 4 1 5 \$19.35
Address	Purpose	
4571 Morse Centre Drive	Popcorn with Pierce: Popcorn bags	
City	State Zip Code	Check Number
Columbus	OH <u>• 43229</u>	
To Whom Paid		M D Y Amount
Gordon Food Service Store		0 2 0 6 1 5 \$59.30
Address Committee Committe	Purpose	
3901 Dublin Granville Road	Popcorn with Pierce: Popcorn, raisi	
City	State Zip Code	Check Number
Dublin	OH 🔽 43017	
To Whom Paid		M D Y Amount
Address	Purpose	
City	State Zip Code	Check Number
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	
Cir.	Side Time Co.	Charle Number
City	State Zip Code OH ▼	Check Number
To Whom Paid	1911	M D Y ₁ Amount
Address	Purpose	,1 <u>; </u>
City	State Zip Code	Check Number
	OH 🔄	

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.

\$178.65
Page Total \$