

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Friends of Tina Pierce							
To Whom Paid Reimbursement to Tina Pierce for parking during a campaigning event				M	D	Y	Amount
				0	1	2	\$3.00
Address Spaghetti Warehouse - 397 West Broad Street		Purpose Parking during a meeting					
City Columbus	State OH	Zip Code 43215	Check Number				
To Whom Paid Reimbursement to Tina Pierce for meal during a meeting				M	D	Y	Amount
				0	1	2	\$17.05
Address Dirty Franks West: 2836 West Broad Street		Purpose Meal during a meeting					
City Columbus	State OH	Zip Code 43207	Check Number				
To Whom Paid Reimbursement to Tina Pierce for parking during a campaigning event				M	D	Y	Amount
				0	1	3	\$1.00
Address Columbus Metropolitan Library: 96 South Grant Street		Purpose					
City Columbus	State OH	Zip Code 43215	Check Number				
To Whom Paid Reimbursement to Tina Pierce for beverage during a meeting				M	D	Y	Amount
				0	2	0	\$2.35
Address Starbucks: 3416 North High Street		Purpose Coffee during a meeting					
City Columbus	State OH	Zip Code 43214	Check Number				
To Whom Paid Reimbursement to Tina Pierce for website development: TinaPierce.com				M	D	Y	Amount
				0	2	0	\$132.06
Address Go Daddy: 14455 North Hayden Road Suite 219		Purpose Website .com domain 1 yr; website builder business plus 1 yr; standard ssl 1 yr					
City Scottsdale	State AZ	Zip Code 85260	Check Number				
To Whom Paid Reimbursement to Tina Pierce for Declaration of Candidacy Petition for Office of Columbus City School Board of Education				M	D	Y	Amount
				0	2	0	\$33.35
Address Franklin County Board of Elections: 1700 Morse Road		Purpose Declaration of Candidacy Petition for Office of Columbus City School Board of Education					
City Columbus	State OH	Zip Code 43229	Check Number				
To Whom Paid Fireball Press				M	D	Y	Amount
				0	2	0	\$53.75
Address 27 East 5th Avenue		Purpose Graphic Design Tina Pierce for Columbus City School Board Business Cards					
City Columbus	State OH	Zip Code 43201	Check Number				
To Whom Paid Expenditure from Form 31-F				M	D	Y	Amount
				0	2	0	\$178.65
Address		Purpose					
City	State OH	Zip Code	Check Number				

Page Total **\$421.21**