

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 Staples			M 0	D 1	Y 0	Y 9	Y 1	Y 5	Amount \$3.67
Address 1747 Olentangy River Road			Purpose Campaign Kick-Off: Copies of Petitions						
City Columbus			State OH	<input checked="" type="checkbox"/>	Zip Code 43212		Check Number		
To Whom Paid Patrick J's			M 0	D 1	Y 0	Y 9	Y 1	Y 5	Amount \$95.00
Address 2711 North High Street			Purpose Campaign Kick-Off: Food and Beverage						
City Columbus			State OH	<input checked="" type="checkbox"/>	Zip Code 43202		Check Number		
To Whom Paid			M	D	Y	Y	Y	Y	Amount
Address			Purpose						
City			State	<input checked="" type="checkbox"/>	Zip Code		Check Number		
To Whom Paid			M	D	Y	Y	Y	Y	Amount
Address			Purpose						
City			State	<input checked="" type="checkbox"/>	Zip Code		Check Number		
To Whom Paid			M	D	Y	Y	Y	Y	Amount
Address			Purpose						
City			State	<input checked="" type="checkbox"/>	Zip Code		Check Number		
To Whom Paid			M	D	Y	Y	Y	Y	Amount
Address			Purpose						
City			State	<input checked="" type="checkbox"/>	Zip Code		Check Number		
To Whom Paid			M	D	Y	Y	Y	Y	Amount
Address			Purpose						
City			State	<input checked="" type="checkbox"/>	Zip Code		Check Number		
To Whom Paid			M	D	Y	Y	Y	Y	Amount
Address			Purpose						
City			State	<input checked="" 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.

\$98.67
Page Total \$