

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 Kroger				M 0	D 4	Y 1	Amount \$18.26
Address 3417 North High Street		Purpose Plates and Flowers					
City Columbus	State OH	Zip Code 43214	Check Number				
To Whom Paid Dollar Tree				M 0	D 4	Y 1	Amount \$6.45
Address 4517 Morse Centre Drive		Purpose Plates and plasticware					
City Columbus	State OH	Zip Code 43229	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				
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.

\$24.71

Page Total \$