



**Statement of Expenditures for Social or Fund-Raising Event**

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> Friends of Tina Pierce				
To Whom Paid Over the Counter			Date (MM/DD/YYYY) 05/23/2019	Amount \$56.00
Street Address 5596 N High Street		Purpose Food & beverages		
City Columbus	State OH <input type="checkbox"/>	Zip Code 43085	Check Number	
To Whom Paid Kroger			Date (MM/DD/YYYY) 05/22/2019	Amount \$11.86
Street Address 199 Graceland Blvd.		Purpose Food		
City Columbus	State OH <input type="checkbox"/>	Zip Code 43214	Check Number	
To Whom Paid Staples			Date (MM/DD/YYYY) 04/17/19	Amount \$27.83
Street Address 4505 Kenny Road		Purpose Cardstock Invitations		
City Columbus	State OH <input type="checkbox"/>	Zip Code 43220	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State <input 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.