



Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Friends of Tina Pierce				
Full Name of Contributor John & Marna Gutman			Registration Number, if PAC	
Street Address 4517 Rosemont Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/28/2019	Amount \$100.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43214	Form (Cash, Check, Etc) Check	
Full Name of Contributor Robert & Ann Shelly			Registration Number, if PAC	
Street Address 35 Brevoot Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/28/2019	Amount \$150.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43214	Form (Cash, Check, Etc) Check	
Full Name of Contributor Lori Abshire & Aimee Bonner			Registration Number, if PAC	
Street Address 2402 Berwick Blvd.	Employer/Occupation/Labor Organization* Educator & Marketing Director		Date (MM/DD/YYYY) 10/28/2019	Amount \$250.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43209	Form (Cash, Check, Etc) Check	
Full Name of Contributor Chauntelle Craig			Registration Number, if PAC	
Street Address 2468 Meredith Drive	Employer/Occupation/Labor Organization* Intervention Specialist		Date (MM/DD/YYYY) 10/28/2019	Amount \$25.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43219	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Shayanna Hinkle-Moore			Registration Number, if PAC	
Street Address 221 West 10th Avenue	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10/28/2019	Amount \$10.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43004	Form (Cash, Check, Etc) Cash	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
\$1,477.23

Total Expenditures This Event
\$0.00

Page Total \$ **535.00**