

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

Prescribed by Secretary of State 03/05

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|---|---|--------------------------|---|------------------|--------------------------|
| Name of Committee in Full Friends of Tina Pierce | | | | | |
| Full Name of Contributor Gracie B. Diggs through Sunday Brunch RSVP | | | Registration Number, if PAC | | |
| Street Address 2350 Holt Avenue | Employer/Occupation/Labor Organization* Retired | M 0 | D 9 | Y 2015 | Amount \$96.80 |
| City Columbus | State OH | Zip Code 43219 | Form (Cash, Check, etc.) PayPal | | |
| Full Name of Contributor Lisa M. Borelli | | | Registration Number, if PAC | | |
| Street Address 206 Olentangy Street | Employer/Occupation/Labor Organization* Wexner Medical Plan | M 0 | D 9 | Y 0815 | Amount \$25.00 |
| City Columbus | State OH | Zip Code 43202 | Form (Cash, Check, etc.) Check | | |
| Full Name of Contributor Gabriel Cunine | | | Registration Number, if PAC | | |
| Street Address 521 Sawyer Blvd. Apt. 701 | Employer/Occupation/Labor Organization* I Know I Can | M 0 | D 9 | Y 2015 | Amount \$23.97 |
| City Columbus | State OH | Zip Code 43203 | Form (Cash, Check, etc.) PayPal | | |
| Full Name of Contributor Vanessa J. Butler | | | Registration Number, if PAC | | |
| Street Address 518 East Town Street | Employer/Occupation/Labor Organization* Franklin County Auditor's C | M 0 | D 9 | Y 2815 | Amount \$23.97 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) PayPal | | |
| Full Name of Contributor Anne Wernke | | | Registration Number, if PAC | | |
| Street Address 956 Caniff Road | Employer/Occupation/Labor Organization* Food Service | M 0 | D 9 | Y 2015 | Amount \$23.97 |
| City Columbus | State OH | Zip Code 43221 | Form (Cash, Check, etc.) Paypal | | |
| Full Name of Contributor Christy Peoples | | | Registration Number, if PAC | | |
| Street Address 1366 South 3rd Street | Employer/Occupation/Labor Organization* Columbia Gas | M 0 | D 9 | Y 2015 | Amount \$25.00 |
| City Columbus | State OH | Zip Code 43207 | Form (Cash, Check, etc.) Cash | | |
| Full Name of Contributor Charelle Peoples | | | Registration Number, if PAC | | |
| Street Address 2495 Bethesda Avenue | Employer/Occupation/Labor Organization* Columbus City Schools Tra | M 0 | D 9 | Y 2015 | Amount \$55.00 |
| City Columbus | State OH | Zip Code 43219 | 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

Total expenditures this event.

\$423.71

\$367.86

Page Total \$ **\$273.71**