

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full <b>Friends of Tina Pierce</b>							
Full Name of Contributor <b>Mrs. Gracie Belle Diggs</b>						Registration Number, if PAC	
Street Address <b>2350 Holt Avenue</b>			Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Columbus</b>		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>43219</b>		M <b>0</b>	D <b>3</b>	Y <b>0415</b>
						Amount <b>\$100.00</b>	
Full Name of Contributor <b>Mr. Alfred H. and Mrs. Joyce E. Pierce</b>						Registration Number, if PAC	
Street Address <b>503 Thelma Avenue</b>			Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Xenia</b>		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>45385</b>		M <b>0</b>	D <b>3</b>	Y <b>2315</b>
						Amount <b>\$50.00</b>	
Full Name of Contributor <b>Mrs. Dorothy Craig</b>						Registration Number, if PAC	
Street Address <b>1703 Geraldine Avenue</b>			Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>43219</b>		M <b>0</b>	D <b>4</b>	Y <b>0615</b>
						Amount <b>\$100.00</b>	
Full Name of Contributor <b>Mr. Anthony Van Diggs</b>						Registration Number, if PAC	
Street Address <b>1478 Phale D. Hale Drive</b>			Employer/Occupation/Labor Organization* <b>Medical</b>			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Columbus</b>		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>43203</b>		M <b>0</b>	D <b>4</b>	Y <b>1015</b>
						Amount <b>\$100.00</b>	
Full Name of Contributor <b>The Limited INC. Ohio Political Action Committee</b>						Registration Number, if PAC <b>CP 809</b>	
Street Address <b>Three Limited PKY.</b>			Employer/Occupation/Labor Organization* <b>PAC</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>43230</b>		M <b>0</b>	D <b>4</b>	Y <b>0615</b>
						Amount <b>\$2,500.00</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code		M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code		M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code		M	D	Y
						Amount	

\* 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)]

Page Total **\$2,850.00**