



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Tina Pierce				
Full Name of Contributor Nicole Hill			Registration Number, if PAC	
Street Address 5310 Stoltz Avenue	Employer/Occupation/Labor Organization* Driver/ COTA		Form (Cash, Check, etc.) Cash	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 07/09/2019	Amount \$10.00
Full Name of Contributor Roslyn Jordan			Registration Number, if PAC	
Street Address 1145 Studer Avenue	Employer/Occupation/Labor Organization* Driver/COTA		Form (Cash, Check, etc.) Cash	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43206	Date (MM/DD/YYYY) 07/09/2019	Amount \$10.00
Full Name of Contributor Friends of Carol Beckerle			Registration Number, if PAC	
Street Address 1563 Franklin Park S	Employer/Occupation/Labor Organization* Friends of Carol Beckerle		Form (Cash, Check, etc.) Online Donorbox	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43205	Date (MM/DD/YYYY) 07/21/2019	Amount \$519.52
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	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 \$539.52