



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Tina Pierce				
Full Name of Contributor Anne Wernke			Registration Number, if PAC	
Street Address 813 Strimple Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Columbus	State OH <input type="checkbox"/>	Zip Code 43229	Date (MM/DD/YYYY) 10/17/2019	Amount \$20.00
Full Name of Contributor Angelique Bradlee			Registration Number, if PAC	
Street Address 376 East Beechwold Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Columbus	State OH <input type="checkbox"/>	Zip Code 43214	Date (MM/DD/YYYY) 10/17/2019	Amount \$20.00
Full Name of Contributor Columbus Building & Construction Trades Council			Registration Number, if PAC	
Street Address 939 Goodale Blvd. Ste. 231		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43212	Date (MM/DD/YYYY) 10/17/2019	Amount \$250.00
Full Name of Contributor Cole for Columbus Kids			Registration Number, if PAC	
Street Address 6088 Whitman Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43213	Date (MM/DD/YYYY) 10/14/2019	Amount \$200.00
Full Name of Contributor Calvin Hairston			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY) 09/21/2019	Amount \$100.00

*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)]