



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

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

<b>Full Name of Committee</b> Friends of Tina Pierce				
<b>Full Name of Contributor</b> Ruth Tootle			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 116 Rathbone Ave.	<b>Employer/Occupation/Labor Organization*</b> Retired		<b>Date (MM/DD/YYYY)</b> 05/23/2019	<b>Amount</b> \$100.00
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43214	<b>Form (Cash, Check, Etc)</b> Check	
<b>Full Name of Contributor</b> Amanda Smith			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 552 E. Stanton Ave.	<b>Employer/Occupation/Labor Organization*</b> Sales		<b>Date (MM/DD/YYYY)</b> 05/23/2019	<b>Amount</b> \$10.00
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43214	<b>Form (Cash, Check, Etc)</b> Cash	
<b>Full Name of Contributor</b> Lorraine Washington			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 2968 Donnylane Blvd.	<b>Employer/Occupation/Labor Organization*</b> Burns+McDonnell/ Department Assistant		<b>Date (MM/DD/YYYY)</b> 05/23/2019	<b>Amount</b> \$10.00
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43235	<b>Form (Cash, Check, Etc)</b> Cash	
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>	
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>	<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Form (Cash, Check, Etc)</b>	

\* 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**  
**\$492.22**

**Total Expenditures This Event**  
**\$95.69**

**Page Total \$ \$120.00**