

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Tina Pierce									
Full Name of Contributor Wilbert H. Diggs						Registration Number, if PAC			
Street Address 2525 Dexham Ct.			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43224		M 1	D 2	Y 0	Amount \$100.00
Full Name of Contributor Lisa Hinkelman						Registration Number, if PAC			
Street Address 581 River Pebble Drive			Employer/Occupation/Labor Organization* Self-employed				Form (Cash, Check, etc.) PayPal		
City Blacklick		State OH		Zip Code 43004		M 1	D 2	Y 0	Amount \$23.97
Full Name of Contributor Windetta Murray						Registration Number, if PAC			
Street Address 3028 Blakehope Drive			Employer/Occupation/Labor Organization* Unknown				Form (Cash, Check, etc.) PayPal		
City Columbus		State OH		Zip Code 43219		M 1	D 2	Y 0	Amount \$48.25
Full Name of Contributor Nationwide Mutual Insurance Company Political Action Committee						Registration Number, if PAC C00076174			
Street Address One Nationwide Plaza 1-32-06			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43215		M 1	D 0	Y 2	Amount \$500.00
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M 1	D 0	Y 1	Amount \$620.00
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M 1	D 0	Y 1	Amount \$97.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		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 OH		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)}