

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Tina Pierce						
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 0	D 7	Y 0	Amount \$500.00
Full Name of Contributor Nationwide Mutal 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 0	D 9	Y 3	Amount \$500.00
Full Name of Contributor Central Ohio Realtors Political Action Committee				Registration Number, if PAC		
Street Address 2700 Airport Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43219	M 1	D 0	Y 0	Amount \$3,000.00
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC LA 1269				Registration Number, if PAC		
Street Address 6805 Oak Creek Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	M 1	D 0	Y 0	Amount \$1,500.00
Full Name of Contributor Contributions from Form No. 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 7	Y 2	Amount \$190.00
Full Name of Contributor Contributions from Form No. 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 7	Y 2	Amount \$97.00
Full Name of Contributor Contributions from Form No. 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 9	Y 2	Amount \$273.71
Full Name of Contributor Contributions from Form No. 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 9	Y 2	Amount \$150.00

* 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)]

Page Total **\$6,210.71**