Statement of Loans Received

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Page			

Prescribed by Secretary of State 3/0

			Prescribed by Secretary of State 3/05		
Full Name of Committee Friends of Tina Pierce	-				
From Whom Received Tina Delores Pierce				Prior Amount \$0.00	Amt, Incurred this Period \$400.00
Address 610 Northridge Road					Outstanding Balance \$400.00
City Columbus	St ate OH	Zip Code 43214	Loans Received This Period Date Amount	Payments Date	This Period Amount
Date Loan was originally Incurred	0 2	0 3 1 5	0 2 0 3 1 5 \$400.00	M D Y	S
Registration Number, if PAC	<u></u> <u>-</u>		M D Y	M D Y	
Employer/Occupation/Labor Organization* Self-employed			M D Y	M D Y	
From Whom Received				Prior Amount	Amt. Incurred this Period
Address					Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount	Payments Date	This Period
Date Loan was originally Incurred	М	D Y	M D Y S	M D Y	S
Registration Number, if PAC			M D Y	M D Y	
Employer/Occupation/Labor Organi	zation*		M D Y	M D Y	
From Whom Received				Prior Amount	Amt. Incurred this Period
Address			· · · · · ·	-	Outstanding Balance
City	St ate	Zip Code	Loans Received This Period Date Amount	Payments Date	This Period Amount
Date Loan was originally Incurred	M	D Y	M D Y S	M D Y	S
Registration Number, if PAC			M D Y	M D Y	
Employer/Occupation/Labor Organization*		M D Y	M D Y		
the individual's business, if any	, rather than em	ployer should be li	de and general assembly candidates. If contributed, If two or more employees contribute via plact also appear. [R.C. 3517.10(B)(4)]		

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

1 Total prior amount \$\$0.			
² Total received this period \$	\$400.00	(To Form No. 31-A-2)	
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)	
⁴ Total Outstanding Balance \$	\$400.00	(To Form No. 30-A	