

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Tina Pierce					Registration Number, if PAC			
Full Name of Contributor William and Kerry Easton			Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 183 Northmoor Pl.		Technology & Homemaker		1	0	0	3	\$50.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check				
Full Name of Contributor Phyllis Elmo					Registration Number, if PAC			
Street Address 482 Piedmont Road			Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
City Columbus		State OH	Zip Code 43214	1	0	0	3	\$50.00
				Form (Cash, Check, etc.) Check				
Full Name of Contributor Deborah M. Manofsky					Registration Number, if PAC			
Street Address 200 Northmoor Pl.			Employer/Occupation/Labor Organization* Unknown		M	D	Y	Amount
City Columbus		State OH	Zip Code 43214	1	0	0	3	\$50.00
				Form (Cash, Check, etc.) Check				
Full Name of Contributor C. Gustav Dahlberg and Valerie Pope Dahlberg					Registration Number, if PAC			
Street Address 236 Brighton Road			Employer/Occupation/Labor Organization* Law & Construction		M	D	Y	Amount
City Columbus		State OH	Zip Code 43202	1	0	0	3	\$50.00
				Form (Cash, Check, etc.) Check				
Full Name of Contributor Katherine Carr & Travis Carr					Registration Number, if PAC			
Street Address 535 E. Tulane Road			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43202	1	0	0	3	\$20.00
				Form (Cash, Check, etc.) Check				
Full Name of Contributor					Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor					Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)				

* 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

Total expenditures this event.

\$220.00

\$0.00

Page Total \$ 220.00