

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Tina Pierce</b>									
Full Name of Contributor <b>Karen Sue Foley</b>							Registration Number, if PAC		
Street Address <b>4898 Sharon Avenue</b>				Employer/Occupation/Labor Organization* <b>Retired</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43214</b>		M <b>1</b>		D <b>2</b>	
						Y <b>09</b>		Amount <b>\$100.00</b>	
Full Name of Contributor <b>Friends of Mary Jo Hudson</b>							Registration Number, if PAC		
Street Address <b>35 North 4th Street Suite 340</b>				Employer/Occupation/Labor Organization* <b>Political Campaign</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43215</b>		M <b>1</b>		D <b>2</b>	
						Y <b>09</b>		Amount <b>\$1,000.00</b>	
Full Name of Contributor <b>Joseph Branch</b>							Registration Number, if PAC		
Street Address <b>8434 Bedlington Drive</b>				Employer/Occupation/Labor Organization* <b>Retired</b>				Form (Cash, Check, etc.) <b>PayPal</b>	
City <b>Reynoldsburg</b>		State <b>OH</b>		Zip Code <b>43068</b>		M <b>1</b>		D <b>2</b>	
						Y <b>14</b>		Amount <b>\$19.12</b>	
Full Name of Contributor <b>Christine Sellers</b>							Registration Number, if PAC		
Street Address <b>265 East Como Avenue</b>				Employer/Occupation/Labor Organization* <b>Retired</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43202</b>		M <b>1</b>		D <b>2</b>	
						Y <b>21</b>		Amount <b>\$50.00</b>	
Full Name of Contributor <b>James Terry Taylor</b>							Registration Number, if PAC		
Street Address <b>2845 Bretton Woods Drive</b>				Employer/Occupation/Labor Organization* <b>COTA</b>				Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43231</b>		M <b>1</b>		D <b>2</b>	
						Y <b>18</b>		Amount <b>\$100.00</b>	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		<b>OH</b>						Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		<b>OH</b>						Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		<b>OH</b>						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)]

Page Total **\$1,269.12**