

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				
Full Name of Contributor Quanetta Batts			Registration Number, if PAC	
Street Address 2700 Eastern Glen Drive	Employer/Occupation/Labor Organization* The Ohio State University		M D Y 0 7 2 8 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Atiya Henderson-McKnight			Registration Number, if PAC	
Street Address 1421 Gibbard Avenue	Employer/Occupation/Labor Organization* Unknown		M D Y 0 7 2 8 1 5	Amount \$20.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Alesia Howard			Registration Number, if PAC	
Street Address 1500 North 5th Street Apt. B	Employer/Occupation/Labor Organization* The Ohio State University		M D Y 0 7 2 8 1 5	Amount \$20.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Cherelle Howard			Registration Number, if PAC	
Street Address 284 Pickerington Ridge Drive	Employer/Occupation/Labor Organization* Unknown		M D Y 0 7 2 8 1 5	Amount \$10.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Hattie Porter			Registration Number, if PAC	
Street Address 1587 Republic Avenue	Employer/Occupation/Labor Organization* Retired		M D Y 0 7 2 8 1 5	Amount \$20.00
City Columbus	State OH	Zip Code 43211	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Henrietta Porter			Registration Number, if PAC	
Street Address 1400 East Blake Avenue	Employer/Occupation/Labor Organization* Workforce Development		M D Y 0 7 2 8 1 5	Amount \$10.00
City Columbus	State OH	Zip Code 43211	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Delores Porter			Registration Number, if PAC	
Street Address 1400 East Blake Avenue	Employer/Occupation/Labor Organization* Retired		M D Y 0 7 2 8 1 5	Amount \$10.00
City Columbus	State OH	Zip Code 43211	Form (Cash, Check, etc.) Cash	

* 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

\$287.00

Total expenditures this event.

\$188.09

Page Total \$ 190.00