



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Friends of Tina Pierce				
Full Name of Contributor Ruth Ann Farthing			Registration Number, if PAC	
Street Address 602 E. Weisheimer Road		Employer/Occupation/Labor Organization* Columbus City Schools/ Nurse		Date (MM/DD/YYYY) 05/23/2019
City Columbus		State OH	Zip Code 43214	Amount \$23.97
			Form (Cash, Check, Etc) Online	
Full Name of Contributor Vanessa Butler			Registration Number, if PAC	
Street Address 518 E. Town St.		Employer/Occupation/Labor Organization* Groundwork Ohio/ Policy Associate		Date (MM/DD/YYYY) 05/23/2019
City Columbus		State OH	Zip Code 43215	Amount \$48.25
			Form (Cash, Check, Etc) Online	
Full Name of Contributor Robert & Ann Shelly			Registration Number, if PAC	
Street Address 35 Brevoort Road		Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 05/23/2019
City Columbus		State OH	Zip Code 43214	Amount \$100.00
			Form (Cash, Check, Etc) Check	
Full Name of Contributor Diane Harry			Registration Number, if PAC	
Street Address 86 Crestview Road		Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 05/23/2019
City Columbus		State OH	Zip Code 43202	Amount \$100.00
			Form (Cash, Check, Etc) Check	
Full Name of Contributor Carole DePaola			Registration Number, if PAC	
Street Address 4944 Buckthorne Lane		Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 05/23/2019
City Columbus		State OH	Zip Code 43220	Amount \$100.00
			Form (Cash, Check, Etc) Check	

* 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
\$492.22

Total Expenditures This Event
\$95.69

Page Total \$ **\$372.22**