

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 Lydia Curtis		Employer/Occupation/Labor Organization* OhioHealth		M	D	Y	Amount
Street Address 178 Chatham Road		City Columbus		1	0	15	\$20.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Sandra Macpherson				Registration Number, if PAC			
Street Address 239 East Torrence Road		Employer/Occupation/Labor Organization* The Ohio State University		M	D	Y	Amount
City Columbus		State OH	Zip Code 43214	1	0	15	\$25.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Karina Brown				Registration Number, if PAC			
Street Address 190 Clinton Heights		Employer/Occupation/Labor Organization* Columbus State		M	D	Y	Amount
City Columbus		State OH	Zip Code 43202	1	0	15	\$32.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Colleen Kehoe-Conn				Registration Number, if PAC			
Street Address 158 East Longview Avenue		Employer/Occupation/Labor Organization* Groveport Madison School		M	D	Y	Amount
City Columbus		State OH	Zip Code 43202	1	0	15	\$20.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) Cash			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				

* 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

\$717.00

Total expenditures this event.

\$0.00

Page Total \$ 97.00
