



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

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

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|--|--|--|------------------------------------|--|
| Full Name of Committee Friends of Tina Pierce | | | | |
| Full Name of Contributor Mollie Tooker | | | Registration Number, if PAC | |
| Street Address 3811 Kinsey Dr. | | Employer/Occupation/Labor Organization* N/A | | Date (MM/DD/YYYY) 04/13/2019 |
| City Columbus | | State OH | Zip Code 43224 | Amount \$20.00 |
| Form (Cash, Check, Etc) Cash | | | | |
| Full Name of Contributor Jacqueline Broderick-Patton | | | Registration Number, if PAC | |
| Street Address 417 Glen Echo Circle | | Employer/Occupation/Labor Organization* Columbus City Schools/ Nurse | | Date (MM/DD/YYYY) 04/13/2019 |
| City Columbus | | State OH | Zip Code 43202 | Amount \$50.00 |
| Form (Cash, Check, Etc) Check | | | | |
| Full Name of Contributor Misato Ian | | | Registration Number, if PAC | |
| Street Address 39 E. Kelsey Road | | Employer/Occupation/Labor Organization* N/A | | Date (MM/DD/YYYY) 04/13/2019 |
| City Columbus | | State OH | Zip Code 43202 | Amount \$100.00 |
| Form (Cash, Check, Etc) Check | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) |
| City | | State | Zip Code | Amount |
| Form (Cash, Check, Etc) | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) |
| City | | State | Zip Code | Amount |
| 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
\$635.21

Total Expenditures This Event
\$111.12

Page Total \$ **\$170.00**