

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Tina Pierce									
Full Name of Contributor James Pletcher						Registration Number, if PAC			
Street Address 3721 Goose Lane			Employer/Occupation/Labor Organization* Education				Form (Cash, Check, etc.) PayPal		
City Granville			State OH		Zip Code 43203		M D Y 0 4 2 9 1 5		Amount \$23.97
Full Name of Contributor Kelly Smith						Registration Number, if PAC			
Street Address 241 Piedmont Road			Employer/Occupation/Labor Organization* Education				Form (Cash, Check, etc.) PayPal		
City Columbus			State OH		Zip Code 43214		M D Y 0 4 2 9 1 5		Amount \$96.80
Full Name of Contributor James Hagedorn and Kali E.F. Hagedorn						Registration Number, if PAC			
Street Address 3085 SE Saint Lucie Blvd			Employer/Occupation/Labor Organization* Scott Miracle Gro				Form (Cash, Check, etc.) Check		
City Stuart			State FL <input checked="" type="checkbox"/>		Zip Code 34997		M D Y 0 5 3 1 1 5		Amount \$1,000.00
Full Name of Contributor Gloria A. Howard and Thomas J. Howard						Registration Number, if PAC			
Street Address 1272 E. Gates Street			Employer/Occupation/Labor Organization* Electric Engineer				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43206		M D Y 0 4 2 7 1 5		Amount \$100.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M D Y		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M D Y		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M D Y		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M D Y		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 **\$1,220.77**