



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

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

<b>Full Name of Committee</b> Friends of Tina Pierce				
Full Name of Contributor Danielle Curd			Registration Number, if PAC	
Street Address 2409 North High Street	Employer/Occupation/Labor Organization* Natural Hair Stylist		Date (MM/DD/YYYY) 10/28/2019	Amount \$52.23
City Columbus	State OH <input type="checkbox"/>	Zip Code 43202	Form (Cash, Check, Etc Donorbox	
Full Name of Contributor			Registration Number, if PAC	
Street Address			Date (MM/DD/YYYY)	Amount
City			Form (Cash, Check, Etc	
State <input type="checkbox"/>			Zip Code	
Full Name of Contributor			Registration Number, if PAC	
Street Address			Date (MM/DD/YYYY)	Amount
City			Form (Cash, Check, Etc	
State <input type="checkbox"/>			Zip Code	
Full Name of Contributor			Registration Number, if PAC	
Street Address			Date (MM/DD/YYYY)	Amount
City			Form (Cash, Check, Etc	
State <input type="checkbox"/>			Zip Code	
Full Name of Contributor			Registration Number, if PAC	
Street Address			Date (MM/DD/YYYY)	Amount
City			Form (Cash, Check, Etc	
State <input type="checkbox"/>			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  
**\$1,477.23**

Total Expenditures This Event  
**\$0.00**

Page Total \$ **52.23**