



**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 Amanda Epting			Registration Number, if PAC	
Street Address 68 Tibet Road		Employer/Occupation/Labor Organization* Social Work		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 Marjorie Prince			Registration Number, if PAC	
Street Address 25 E. Beechwold Blvd.		Employer/Occupation/Labor Organization* Teacher		Date (MM/DD/YYYY) 04/13/2019
City Columbus		State OH	Zip Code 43214	Amount \$10.00
			Form (Cash, Check, Etc) Cash	
Full Name of Contributor Rachel Escusa			Registration Number, if PAC	
Street Address 73 E. Torrence Road		Employer/Occupation/Labor Organization* Flying Horse Farms/ Marketing Communications		Date (MM/DD/YYYY) 04/13/2019
City Columbus		State OH	Zip Code 43214	Amount \$100.00
			Form (Cash, Check, Etc) Check	
Full Name of Contributor Benjamin & Erin Johnson			Registration Number, if PAC	
Street Address 450 E. Tulane Road		Employer/Occupation/Labor Organization* Nationwide Children's Hospital/ Education		Date (MM/DD/YYYY) 04/13/2019
City Columbus		State OH	Zip Code 43202	Amount \$30.00
			Form (Cash, Check, Etc) Cash	
Full Name of Contributor Erin Bauer			Registration Number, if PAC	
Street Address 184 Clinton Heights Ave.		Employer/Occupation/Labor Organization* N/A		Date (MM/DD/YYYY) 04/13/2019
City Columbus		State OH	Zip Code 43202	Amount \$60.00
			Form (Cash, Check, Etc) Cash	

* 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 \$ **\$250.00**