



**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 Barbara Avery			Registration Number, if PAC	
Street Address 488 Greenglade Ave.		Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 04/14/2019
City Worthington		State OH	Zip Code 43085	Amount \$20.00
			Form (Cash, Check, Etc) Cash	
Full Name of Contributor Anastasia Stuntz			Registration Number, if PAC	
Street Address 135 N. Warren Ave.		Employer/Occupation/Labor Organization* Columbus City Schools/ Teacher		Date (MM/DD/YYYY) 04/14/2019
City Columbus		State OH	Zip Code 43204	Amount \$30.00
			Form (Cash, Check, Etc) Check	
Full Name of Contributor Georgeann Neuzic			Registration Number, if PAC	
Street Address 4369 Sandy Lane Road		Employer/Occupation/Labor Organization* APRN		Date (MM/DD/YYYY) 04/14/2019
City Columbus		State OH	Zip Code 43224	Amount \$50.00
			Form (Cash, Check, Etc) Check	
Full Name of Contributor Barbara Fisher			Registration Number, if PAC	
Street Address 37 E. Royal Forest Blvd.		Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 04/14/2019
City Columbus		State OH	Zip Code 43214	Amount \$20.00
			Form (Cash, Check, Etc) Cash	
Full Name of Contributor Danya Furda			Registration Number, if PAC	
Street Address 478 Sutterton Drive		Employer/Occupation/Labor Organization* Columbus State Community College/ Adjunct Professor		Date (MM/DD/YYYY) 04/14/2019
City Gahanna		State OH	Zip Code 43230	Amount \$20.00
			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
\$163.00

Total Expenditures This Event
\$0.00

Page Total \$ **\$140.00**