

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Friends of Tina Pierce							
Full Name of Contributor Latisha Porter				Registration Number, if PAC			
Street Address 996 East 21st Avenue		Employer/Occupation/Labor Organization* Kroger		M	D	Y	Amount
				0	7	28	\$7.00
City Columbus		State OH	Zip Code 43211	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Mr. and Mrs. C. Holloway				Registration Number, if PAC			
Street Address 621 South Ohio Avenue		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
				0	7	28	\$20.00
City Columbus		State OH	Zip Code 43205	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Bobby Holloway				Registration Number, if PAC			
Street Address 1544 Simpson Drive		Employer/Occupation/Labor Organization* Unknown		M	D	Y	Amount
				0	7	28	\$20.00
City Columbus		State OH	Zip Code 43227	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Penny Holloway				Registration Number, if PAC			
Street Address 621 South Ohio Avenue		Employer/Occupation/Labor Organization* Unkown		M	D	Y	Amount
				0	7	28	\$10.00
City Columbus		State OH	Zip Code 43205	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Josephine Scott				Registration Number, if PAC			
Street Address 1343 Walshire Drive North		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
				0	7	28	\$40.00
City Columbus		State OH	Zip Code 43232	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	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
\$287.00

Total expenditures this event.
\$188.09

Page Total \$ **\$97.00**