

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Tina Pierce				
Full Name of Contributor Dana Bagwell			Registration Number, if PAC	
Street Address 3982 North High Street	Employer/Occupation/Labor Organization* Homemaker		M 1 D 0 Y 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Kathy B. DeRिंग			Registration Number, if PAC	
Street Address 25 Chatham Road	Employer/Occupation/Labor Organization* Educator/Columbus City Schools		M 1 D 0 Y 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor William W. and Kerry E. Easton			Registration Number, if PAC	
Street Address 183 Northmoor Pl.	Employer/Occupation/Labor Organization* Homemaker/IT		M 1 D 0 Y 1 5	Amount \$25.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Elizabeth D. Wetherholt			Registration Number, if PAC	
Street Address 541 East North Broadway	Employer/Occupation/Labor Organization* Retired		M 1 D 0 Y 1 5	Amount \$25.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Donna M. and Bernard D. Ghelmann			Registration Number, if PAC	
Street Address 4170 North High Street	Employer/Occupation/Labor Organization* Homemaker		M 1 D 0 Y 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Katherine Turner			Registration Number, if PAC	
Street Address 168 East Weber Road	Employer/Occupation/Labor Organization* Village Family Medicine		M 1 D 0 Y 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Joan Harless			Registration Number, if PAC	
Street Address 160 East Tulane Road	Employer/Occupation/Labor Organization* Retired		M 1 D 0 Y 1 5	Amount \$20.00
City Columbus	State OH	Zip Code 43202	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

\$717.00

Total expenditures this event.

\$0.00

Page Total \$ **\$620.00**