

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Tina Pierce							
Full Name of Contributor John Lynch					Registration Number, if PAC		
Street Address 213 West Como Avenue		Employer/Occupation/Labor Organization* Business Owner			Form (Cash, Check, etc.) PayPal		
City Columbus	State OH	Zip Code 43202	M 0	D 4	Y 2	Y 9	Amount \$0.09
Full Name of Contributor Lori Abshire					Registration Number, if PAC		
Street Address 245 North Roosevelt Avenue		Employer/Occupation/Labor Organization* Office Administrations			Form (Cash, Check, etc.) PayPal		
City Columbus	State OH	Zip Code 43209	M 0	D 4	Y 2	Y 9	Amount \$96.80
Full Name of Contributor Andrew Pierce					Registration Number, if PAC		
Street Address 1764 Meadowlawn Drive		Employer/Occupation/Labor Organization* US AirForce/Delta			Form (Cash, Check, etc.) PayPal		
City Columbus	State OH	Zip Code 43219	M 0	D 4	Y 2	Y 9	Amount \$1,000.00
Full Name of Contributor Terri Taylor					Registration Number, if PAC		
Street Address 2845 Bretton Woods Drive		Employer/Occupation/Labor Organization* Office Administration			Form (Cash, Check, etc.) PayPal		
City Columbus	State OH	Zip Code 43231	M 0	D 4	Y 2	Y 9	Amount \$96.80
Full Name of Contributor Marie Waugh					Registration Number, if PAC		
Street Address PO Box 251		Employer/Occupation/Labor Organization* Human Resources			Form (Cash, Check, etc.) PayPal		
City Emerson	State NJ <input checked="" type="checkbox"/>	Zip Code 07630	M 0	D 4	Y 2	Y 9	Amount \$2,000.00
Full Name of Contributor Carolyn Dixon					Registration Number, if PAC		
Street Address 2116 Atterbury Avenue		Employer/Occupation/Labor Organization* Social Services			Form (Cash, Check, etc.) PayPal		
City Columbus	State OH	Zip Code 43229	M 0	D 4	Y 2	Y 9	Amount \$96.80
Full Name of Contributor Cheryl Diggs					Registration Number, if PAC		
Street Address 15 Elana Avenue		Employer/Occupation/Labor Organization* State of Ohio			Form (Cash, Check, etc.) PayPal		
City Columbus	State OH	Zip Code 43230	M 0	D 4	Y 2	Y 9	Amount \$96.80
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Y	Amount
	OH						

* 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)]