



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Tina Pierce				
Full Name of Contributor Mary Nordstrom			Registration Number, if PAC	
Street Address PO Box 254		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Online
City Columbus	State OH <input type="checkbox"/>	Zip Code 43110	Date (MM/DD/YYYY) 06/03/2019	Amount \$151.24
Full Name of Contributor Alfred & Joyce Pierce			Registration Number, if PAC	
Street Address 503 Thelma Avenue		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Xenia	State OH <input type="checkbox"/>	Zip Code 45385	Date (MM/DD/YYYY) 06/03/2019	Amount \$100.00
Full Name of Contributor Andrew Pierce, II			Registration Number, if PAC	
Street Address 561 Woodsfield Drive		Employer/Occupation/Labor Organization* Student		Form (Cash, Check, etc.) Online
City Columbus	State OH <input type="checkbox"/>	Zip Code 43214	Date (MM/DD/YYYY) 06/14/2019	Amount \$9.41
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]