

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 Terra Goodnight and Joseph F. Mismas			Registration Number, if PAC		
Street Address 2644 Glenmawr Avenue	Employer/Occupation/Labor Organization* Education	M 0	D 4	Y 1815	Amount \$50.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43202	Form (Cash, Check, etc.) Check		
Full Name of Contributor Phyllis Elmo			Registration Number, if PAC		
Street Address 482 Piedmont Road	Employer/Occupation/Labor Organization* Retired	M 0	D 4	Y 1815	Amount \$75.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43214	Form (Cash, Check, etc.) Check		
Full Name of Contributor Donna M. Gehlmann and Bernard D. Gehlmann			Registration Number, if PAC		
Street Address 4170 North High Street	Employer/Occupation/Labor Organization* Homemaker/OSU	M 0	D 4	Y 1815	Amount \$200.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43214	Form (Cash, Check, etc.) Check		
Full Name of Contributor Todd M. Callais and Michelle M. Oyakawa			Registration Number, if PAC		
Street Address 4847 Birmingham Court Apt. B	Employer/Occupation/Labor Organization* Education	M 0	D 4	Y 1815	Amount \$100.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43214	Form (Cash, Check, etc.) Check		
Full Name of Contributor Amy Morgan			Registration Number, if PAC		
Street Address 344 East Beechwold Blvd.	Employer/Occupation/Labor Organization* Self-employed	M 0	D 4	Y 1815	Amount \$50.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43214	Form (Cash, Check, etc.) Check		
Full Name of Contributor Allen Kraus and Laura Lembo Kraus			Registration Number, if PAC		
Street Address 329 Arden Road	Employer/Occupation/Labor Organization* Education	M 0	D 4	Y 1815	Amount \$150.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43214	Form (Cash, Check, etc.) Check		
Full Name of Contributor Shelly Everett			Registration Number, if PAC		
Street Address 107 Brighton Road	Employer/Occupation/Labor Organization* Homemaker	M 0	D 4	Y 1815	Amount \$20.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43214	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

\$741.80

Total expenditures this event.

\$24.71

Page Total \$ **\$645.00**