

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Tina Pierce									
Full Name of Contributor Dr. Tina D. Pierce						Registration Number, if PAC			
Street Address 610 Northridge Road			Employer/Occupation/Labor Organization* WORTH/Self-employed/Educator				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43214		M 0 D 2 Y 0		Amount \$400.00
Full Name of Contributor Mrs. Gracie Belle Diggs						Registration Number, if PAC			
Street Address 2350 Holt Avenue			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Cash		
City Columbus			State OH		Zip Code 43219		M 0 D 3 Y 0		Amount \$100.00
Full Name of Contributor Mr. Alfred H. and Joyce E. Pierce						Registration Number, if PAC			
Street Address 503 Thelma Avenue			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check		
City Xenia			State OH		Zip Code 45385		M 0 D 3 Y 2		Amount \$50.00
Full Name of Contributor Mrs. Dorothy Craig						Registration Number, if PAC			
Street Address 1703 Geraldine Avenue			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43219		M 0 D 4 Y 0		Amount \$100.00
Full Name of Contributor The Limited INC. Ohio Political Action Committee						Registration Number, if PAC CP 809			
Street Address Three Limited PKY.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43230		M 0 D 4 Y 0		Amount \$2,500.00
Full Name of Contributor Mr. Anthony Van Diggs						Registration Number, if PAC			
Street Address 1478 Phale D. Hale Drive			Employer/Occupation/Labor Organization* Medical				Form (Cash, Check, etc.) Cash		
City Columbus			State OH		Zip Code 43203		M 0 D 4 Y 1		Amount \$100.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M D Y 		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M D Y 		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)]

Page Total **\$3,250.00**