



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Tina Pierce				
Full Name of Contributor Ayana Leaphart			Registration Number, if PAC	
Street Address 4026 Astor Avenue	Employer/Occupation/Labor Organization* Administrative Assistant/ Fresenius Kidney Care		Form (Cash, Check, etc.) Online Donorbox	
City Columbus	State OH ☐	Zip Code 43227	Date (MM/DD/YYYY) 07/07/2019	Amount \$52.23
Full Name of Contributor The Matriots PAC OH1761			Registration Number, if PAC	
Street Address 2470 E Main Street	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH ☐	Zip Code 43209	Date (MM/DD/YYYY) 07/11/2019	Amount \$300.00
Full Name of Contributor Andrew Pierce, II			Registration Number, if PAC	
Street Address 561 Woodfield Drive	Employer/Occupation/Labor Organization* Student/OSU		Form (Cash, Check, etc.) Online Donorbox	
City Columbus	State OH ☐	Zip Code 43214	Date (MM/DD/YYYY) 07/12/2019	Amount \$10.00
Full Name of Contributor Joey Derrico			Registration Number, if PAC	
Street Address 1822 Sugar Run Trail	Employer/Occupation/Labor Organization* Student/OSU		Form (Cash, Check, etc.) Online Donorbox	
City Bellbrook	State OH ☐	Zip Code 45305	Date (MM/DD/YYYY) 07/20/2019	Amount \$5.00
Full Name of Contributor Mel Reese Patrick, Sr			Registration Number, if PAC	
Street Address 1199 Amblside Court	Employer/Occupation/Labor Organization* Driver COTA		Form (Cash, Check, etc.) Cash	
City Columbus	State OH ☐	Zip Code 43229	Date (MM/DD/YYYY) 07/09/2019	Amount \$20.00

*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)]