31-E R.C. 3517.10(B)

## Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 6/10/15
Page 4

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Debbie Dunlap	-	•		-
Full Name of Contributor Kathy Vansant	Registration Number, if PAC			
Street Address 8105 Ash Ct	Employer/Occupation/Labor Organization*		0 6 1 0 1 5	Amount \$25.00
City Canal Winchester		ip Code 43110	Form (Cash, Check, etc.)	
Full Name of Contributor Susan Reidlinger	· · · · · ·		Registration Number, if P	AC
Street Address 922 Mc Carrick Ct	Employer/Occupation/Labor Organization*		0 6 1 0 1 5	Amount \$25.00
City Reynoldsburg	<del></del>	ip Code 43068	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Preston Streans			Registration Number, if P	AC
Street Address 1020 Matterhorn Dr	Employer/Occupation/Labor Organization*		0 6 1 0 1 5	Amount \$25.00
City Reynoldsburg	· — ·	ip Code 43068	Form (Cash, Check, etc.) cash	
Full Name of Contributor Amy Rodenmayer	Registration Number, if PAC			
Street Address 6660 Bartlett Rd	Employer/Occupation/Labor Organization*		M D Y O 15	Amount \$20.00
<sup>City</sup> Reynoldsbyrg	· — ·	ip Code 43068	Form (Cash, Check, etc.)	
Full Name of Contributor Carol Browe			Registration Number, if P	AC .
Street Address 6842 Ardelle Dr	Employer/Occupation/Labor Organization*		0 6 1 0 1 5	Amount \$20.00
City Reynoldsburg		ip Code 43068	Form (Cash, Check, etc.) cash	
Full Name of Contributor Amanda Kirby			Registration Number, if P	
Street Address 9303 Huggins Ln	Employer/Occupation/Labor Organization*		0 6 1 0 1 5	\$20.00
City Reynoldsburg		ip Code 43068	Form (Cash, Check, etc.) cash	
Full Name of Contributor Molly Chang	·r	·	Registration Number, if P	
Street Address 7480 Daugherty Dr	Employer/Occupation/Labor Organization*		0 6 1 0 1 5	\$20.00
City Reynoldsburg	OH 🔽	ip Code 43068	Form (Cash, Check, etc.) cash	
* Required for contributions from individuals over \$100 to statewide	e and General Assemb	iv candidates. If contributor is:	seit-employed, the occu	nation and the name of

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

lo	tal	contr	butie	ons th	is ev	ent
Γ				_1		

Total expenditures this event.

\$0.00

Page Total S \$155.00

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)]