



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Debbie Dunlap				
Full Name of Contributor The Matriots			Registration Number, if PAC OH1761	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City	State OH	Zip Code	Date (MM/DD/YYYY) 10/01/2019	Amount 400.00
Full Name of Contributor Licking County Democratic Club			Registration Number, if PAC	
Street Address 2054 Cherry Valley Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Newark	State OH	Zip Code 43055	Date (MM/DD/YYYY) 10/11/2019	Amount 75.00
Full Name of Contributor Reynoldsburg Educators PAC			Registration Number, if PAC OH299	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City	State OH	Zip Code	Date (MM/DD/YYYY) 10/11/2019	Amount 300.00
Full Name of Contributor Reynoldsburg Area Democrats			Registration Number, if PAC	
Street Address 550 East Walnut		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/23/2019	Amount 50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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)]