



Post Fund

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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Friends of Debbie Dunlap				
Full Name of Contributor Lisa Shook			Registration Number, if PAC	
Street Address 572 Hunnicut	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/17/2019	Amount 50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Christine Smith			Registration Number, if PAC	
Street Address 8334 Priestly Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/17/2019	Amount 50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Beth Thompson			Registration Number, if PAC	
Street Address 910 Fortkort Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/17/2019	Amount 40.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Margaret Mary Luzny			Registration Number, if PAC	
Street Address 486 Wagner Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/17/2019	Amount 100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Jennifer Quessenberry			Registration Number, if PAC	
Street Address 949 Lancaster Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/17/2019	Amount 35.00
City Reynoldsburg	State OH	Zip Code 43068	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
390.00

Total Expenditures This Event
0

Page Total \$ 275