



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Debbie Dunlap				
Full Name of Contributor Ed Hopkins			Registration Number, if PAC	
Street Address 18 Oxford Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Smithtown	State NY	Zip Code 11787	Date (MM/DD/YYYY) 07/24/2019	Amount 40.00
Full Name of Contributor Maura Shoeield			Registration Number, if PAC	
Street Address 707 W. 40th St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Erie	State PA	Zip Code 16509	Date (MM/DD/YYYY) 07/24/2019	Amount 50.00
Full Name of Contributor Tom Drabick			Registration Number, if PAC	
Street Address 982 Fortkort Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/17/2019	Amount 50.00
Full Name of Contributor Kristen Bryant			Registration Number, if PAC	
Street Address 387 Cheyenne Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/12/2019	Amount 50.00
Full Name of Contributor Contributors of \$25 or Less			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount 210.00

*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)]