

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

|  |  |  |   |  |                          |                             |  |               |                     |
|--|--|--|---|--|--------------------------|-----------------------------|--|---------------|---------------------|
| Name of Committee in Full<br><b>Friends of Debbie Dunlap</b> |  |  |   |  |                          |                             |  |               |                     |
| Full Name of Contributor<br><b>Julie Hartman</b>             |  |  |   |  |                          | Registration Number, if PAC |  |               |                     |
| Street Address<br><b>7693 Godfrey Cir</b>                    |  |  | Employer/Occupation/Labor Organization* |  |                          |                             | Form (Cash, Check, etc.)<br><b>check</b>         |               |                     |
| City<br><b>Reynoldsburg</b>                                  |  |  | State<br><b>OH</b>                      |  | Zip Code<br><b>43068</b> |                             | M<br><b>0</b>                                    | D<br><b>6</b> | Y<br><b>1 5</b>     |
|  |  |  |   |  |                          |                             | Amount<br><b>\$30.00</b>                         |               |                     |
| Full Name of Contributor<br><b>Rebecca Hammond</b>           |  |  |   |  |                          | Registration Number, if PAC |  |               |                     |
| Street Address<br><b>7676 Godfrey Cir</b>                    |  |  | Employer/Occupation/Labor Organization* |  |                          |                             | Form (Cash, Check, etc.)<br><b>check</b>         |               |                     |
| City<br><b>Reynoldsburg</b>                                  |  |  | State<br><b>OH</b>                      |  | Zip Code<br><b>43068</b> |                             | M<br><b>0</b>                                    | D<br><b>8</b> | Y<br><b>1 5</b>     |
|  |  |  |   |  |                          |                             | Amount<br><b>\$25.00</b>                         |               |                     |
| Full Name of Contributor<br><b>Daniel Perion</b>             |  |  |   |  |                          | Registration Number, if PAC |  |               |                     |
| Street Address<br><b>829 Brosmer Ct</b>                      |  |  | Employer/Occupation/Labor Organization* |  |                          |                             | Form (Cash, Check, etc.)<br><b>check</b>         |               |                     |
| City<br><b>Reynoldsburg</b>                                  |  |  | State<br><b>OH</b>                      |  | Zip Code<br><b>43068</b> |                             | M<br><b>0</b>                                    | D<br><b>8</b> | Y<br><b>1 5</b>     |
|  |  |  |   |  |                          |                             | Amount<br><b>\$75.00</b>                         |               |                     |
| Full Name of Contributor<br><b>James Rodenmayer</b>          |  |  |   |  |                          | Registration Number, if PAC |  |               |                     |
| Street Address<br><b>1020 Ruskin Dr</b>                      |  |  | Employer/Occupation/Labor Organization* |  |                          |                             | Form (Cash, Check, etc.)<br><b>check</b>         |               |                     |
| City<br><b>Reynoldsburg</b>                                  |  |  | State<br><b>OH</b>                      |  | Zip Code<br><b>43068</b> |                             | M<br><b>0</b>                                    | D<br><b>8</b> | Y<br><b>2 5 1 5</b> |
|  |  |  |   |  |                          |                             | Amount<br><b>\$100.00</b>                        |               |                     |
| Full Name of Contributor<br><b>Kelly Woods</b>               |  |  |   |  |                          | Registration Number, if PAC |  |               |                     |
| Street Address<br><b>20 Greenhedge Cir</b>                   |  |  | Employer/Occupation/Labor Organization* |  |                          |                             | Form (Cash, Check, etc.)<br><b>cash</b>          |               |                     |
| City<br><b>Delaware</b>                                      |  |  | State<br><b>OH</b>                      |  | Zip Code<br><b>43015</b> |                             | M<br><b>0</b>                                    | D<br><b>8</b> | Y<br><b>3 1 1 5</b> |
|  |  |  |   |  |                          |                             | Amount<br><b>\$40.00</b>                         |               |                     |
| Full Name of Contributor<br><b>Harold Dunlap</b>             |  |  |   |  |                          | Registration Number, if PAC |  |               |                     |
| Street Address<br><b>6460 Jaycox Rd</b>                      |  |  | Employer/Occupation/Labor Organization* |  |                          |                             | Form (Cash, Check, etc.)<br><b>cash</b>          |               |                     |
| City<br><b>N Ridgeville</b>                                  |  |  | State<br><b>OH</b>                      |  | Zip Code<br><b>44039</b> |                             | M<br><b>0</b>                                    | D<br><b>8</b> | Y<br><b>3 1 1 5</b> |
|  |  |  |   |  |                          |                             | Amount<br><b>\$20.00</b>                         |               |                     |
| Full Name of Contributor<br><b>Paul Schofield</b>            |  |  |   |  |                          | Registration Number, if PAC |  |               |                     |
| Street Address<br><b>8991 Fry Road</b>                       |  |  | Employer/Occupation/Labor Organization* |  |                          |                             | Form (Cash, Check, etc.)<br><b>cash</b>          |               |                     |
| City<br><b>MsKean</b>  |  |  | State<br><b>PA</b>                      |  | Zip Code<br><b>16426</b> |                             | M<br><b>0</b>                                    | D<br><b>8</b> | Y<br><b>3 1 1 5</b> |
|  |  |  |   |  |                          |                             | Amount<br><b>\$100.00</b>                        |               |                     |
| Full Name of Contributor<br><b>Adam Schofield</b>            |  |  |   |  |                          | Registration Number, if PAC |  |               |                     |
| Street Address<br><b>2585 Eastcleft Dr</b>                   |  |  | Employer/Occupation/Labor Organization* |  |                          |                             | Form (Cash, Check, etc.)<br><b>bank transfer</b> |               |                     |
| City<br><b>Columbus</b>                                      |  |  | State<br><b>OH</b>                      |  | Zip Code<br><b>43221</b> |                             | M<br><b>0</b>                                    | D<br><b>7</b> | Y<br><b>3 0 1 5</b> |
|  |  |  |   |  |                          |                             | Amount<br><b>\$100.00</b>                        |               |                     |

\* 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)]

Page Total **\$490.00**