

UNFAIR FILLING DIV

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

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Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Debbie Dunlap				
Full Name of Contributor Margaret Mary Luzny			Registration Number, if PAC	
Street Address 8742 Firstgate Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 5	Amount 100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) cash	
Full Name of Contributor Gregory A Luzny			Registration Number, if PAC	
Street Address 8742 Firstgate Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 5	Amount 32.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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

372.00

Total expenditures this event.

34.86

132.00
