

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC	
Friends of Debbie Dunlap					
Full Name of Contributor Nadine Phillips		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 6993 Nocturne Rd N				0 8 1 1 1 5	\$20.00
City Reynoldsburg	State OH ☒	Zip Code 43068	Form (Cash, Check, etc.) cash		
Full Name of Contributor Christine Smith		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 8334 Priestley Dr				0 8 1 1 1 5	\$20.00
City Reynoldsburg	State OH ☒	Zip Code 43068	Form (Cash, Check, etc.) check		
Full Name of Contributor Joy Beer		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 7056 Lemert Ln				0 8 1 1 1 5	\$25.00
City Reynoldsburg	State OH ☒	Zip Code 43068	Form (Cash, Check, etc.) check		
Full Name of Contributor JAMIE Allison		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 1045 Tiffany Dr				0 8 1 1 1 5	\$20.00
City Reynoldsburg	State OH ☒	Zip Code 43068	Form (Cash, Check, etc.) cash		
Full Name of Contributor Beth Thompson		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 910 Forkfort Dr				0 8 1 1 1 5	\$20.00
City Reynoldsburg	State OH ☒	Zip Code 43068	Form (Cash, Check, etc.) cash		
Full Name of Contributor Tricia Cicak		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 6866 Roundelay Rd N				0 8 1 1 1 5	\$20.00
City Reynoldsburg	State OH ☒	Zip Code 43068	Form (Cash, Check, etc.) cash		
Full Name of Contributor Michael Swift		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 8440 Lucere Dr.				0 8 1 1 1 5	\$10.00
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

\$0.00

Total expenditures this event

\$0.00

Page Total \$ 135.00