

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Debbie Dunlap				
Full Name of Contributor Crystal Davis			Registration Number, if PAC	
Street Address 8907 Lupine Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 5	Amount \$25.00
City Reynoldsburg	State OH <input checked="" type="checkbox"/>	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Mark Wojciechowski			Registration Number, if PAC	
Street Address 901 Mueller Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 5	Amount \$20.00
City Reynoldsburg	State OH <input checked="" type="checkbox"/>	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Neal Whitman			Registration Number, if PAC	
Street Address 7916 Windrift Pl	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 5	Amount \$15.00
City Reynoldsburg	State OH <input checked="" type="checkbox"/>	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Kimberley Cooper Rupert			Registration Number, if PAC	
Street Address 2840 Minerva Lake Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 5	Amount \$15.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43231	Form (Cash, Check, etc.) check	
Full Name of Contributor Kari Strefelt			Registration Number, if PAC	
Street Address 944 Harrier Pl	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 5	Amount \$25.00
City Reynoldsburg	State OH <input checked="" type="checkbox"/>	Zip Code 43068	Form (Cash, Check, etc.) cash	
Full Name of Contributor Steve Potter			Registration Number, if PAC	
Street Address 168 Royal Farms E	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 5	Amount \$30.00
City Blacklick	State OH <input checked="" type="checkbox"/>	Zip Code 43004	Form (Cash, Check, etc.) cash	
Full Name of Contributor Lynn Kluding			Registration Number, if PAC	
Street Address 40 Victorian Gate Way	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 5	Amount \$20.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	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 \$ 150.00