



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Debbie Dunlap				
Full Name of Contributor Maura Schoefield			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) 07/02/2019	Amount 50.00
Full Name of Contributor Janice Baker			Registration Number, if PAC	
Street Address 14299 Simmons Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Corry	State PA	Zip Code 16407	Date (MM/DD/YYYY) 08/05/2019	Amount 35.00
Full Name of Contributor Paul Schoefield			Registration Number, if PAC	
Street Address 8991 Fry Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City McKean	State PA	Zip Code 16426	Date (MM/DD/YYYY) 08/08/2019	Amount 50.00
Full Name of Contributor Derrick Shelton			Registration Number, if PAC	
Street Address 6255 Alissa Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43213	Date (MM/DD/YYYY) 08/08/2019	Amount 100.00
Full Name of Contributor Kathleen Long			Registration Number, if PAC	
Street Address 8747 Kingsley Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/11/2019	Amount 40.00

*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)]