

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Debbie Dunlap</b>				
Full Name of Contributor <b>Margaret Mary Luzny</b>			Registration Number, if PAC	
Street Address <b>8742 Firstgate Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   0   1   5</b>	Amount <b>\$100.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Stephen Schofield</b>			Registration Number, if PAC	
Street Address <b>7314 Wallpepper Ct</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   0   1   5</b>	Amount <b>\$500.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Louis Savati</b>			Registration Number, if PAC	
Street Address <b>767 Tricolor Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   0   1   5</b>	Amount <b>\$30.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Cheryl Crooks</b>			Registration Number, if PAC	
Street Address <b>5997 Twin Pines Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   0   1   5</b>	Amount <b>\$50.00</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Kareena Gibson</b>			Registration Number, if PAC	
Street Address <b>8720 Taylorwoods Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   0   1   5</b>	Amount <b>\$30.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Kathleen Long</b>			Registration Number, if PAC	
Street Address <b>8747 Kingsley Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   0   1   5</b>	Amount <b>\$25.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Tori Begeny</b>			Registration Number, if PAC	
Street Address <b>8840 Kingsley Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   0   1   5</b>	Amount <b>\$25.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>check</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)]

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

Total expenditures this event.

**\$0.00****\$0.00**Page Total \$ **\$760.00**