

# 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 Margaret Mary Luzny				Registration Number, if PAC	
Street Address 8742 Firstgate Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1115
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) cash		Amount \$132.00
Full Name of Contributor Diana Herrick				Registration Number, if PAC	
Street Address 9121 McMahon Ct	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1115
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$25.00
Full Name of Contributor Jenny Russell				Registration Number, if PAC	
Street Address 2680 Wellesley Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1115
City Columbus	State OH	Zip Code 43029	Form (Cash, Check, etc.) cash		Amount \$20.00
Full Name of Contributor Marshall Spalding				Registration Number, if PAC	
Street Address 1940 Glenford Ct	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1115
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Malaysia Pollard				Registration Number, if PAC	
Street Address 8163 Rodenbaugh Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1115
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$10.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

\* 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

Page Total \$ 237.00