



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Debbie Dunlaop				
Full Name of Contributor Dan Perion			Registration Number, if PAC	
Street Address 829 Brosmer Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/11/2019	Amount 75.00
Full Name of Contributor Lisa Capan			Registration Number, if PAC	
Street Address 1241 Preswyck Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Shiloh	State IL	Zip Code 62221	Date (MM/DD/YYYY) 08/14/2019	Amount 50.00
Full Name of Contributor Aaron Schoefield			Registration Number, if PAC	
Street Address 194 Winter St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Norwell	State MA	Zip Code 02061	Date (MM/DD/YYYY) 08/17/2019	Amount 50.00
Full Name of Contributor Stephen Schoefield			Registration Number, if PAC	
Street Address 7314 Wallpepper St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 07/28/2019	Amount 100.00
Full Name of Contributor Aubrey Gibson			Registration Number, if PAC	
Street Address 8165 Priestly Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/12/2019	Amount 50.00

*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)]