

# 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>Renee Coley</b>			Registration Number, if PAC	
Street Address <b>73 Brandon Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   0   1   5</b>	Amount <b>\$25.00</b>
City <b>Pataskala</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>43062</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Katherine Powell</b>			Registration Number, if PAC	
Street Address <b>903 Cuthbert Ct</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   0   1   5</b>	Amount <b>\$253.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Sarah Barlow</b>			Registration Number, if PAC	
Street Address <b>112 Glencoe Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   0   1   5</b>	Amount <b>\$25.00</b>
City <b>Columbus</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>43214</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Julie Morgan</b>			Registration Number, if PAC	
Street Address <b>7342 E Bryden Rd</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> <input checked="" type="checkbox"/>	Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Cornelius McGrady</b>			Registration Number, if PAC	
Street Address <b>8675 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> <input checked="" type="checkbox"/>	Zip Code <b>43068</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Cynthia Meisel</b>			Registration Number, if PAC	
Street Address <b>2830 Bluejay Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   0   1   5</b>	Amount <b>\$25.00</b>
City <b>Columbus</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>43235</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Katherine Evans</b>			Registration Number, if PAC	
Street Address <b>2436 Cambria Mill Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   0   1   5</b>	Amount <b>\$25.00</b>
City <b>Granville</b>	State <b>OH</b> <input checked="" type="checkbox"/>	Zip Code <b>43023</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 \$ **\$403.00**