

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Neal Whitman					
Full Name of Contributor Contributions from form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input checked="" type="checkbox"/>	Zip Code	M 0	D 8	Y 1 1 5
			Amount \$482.00		
Full Name of Contributor Ellen Obermueller				Registration Number, if PAC	
Street Address 5760 Hathaway Pkwy #2123		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online Donation	
City Plano	State TX <input checked="" type="checkbox"/>	Zip Code 75024	M 0	D 8	Y 1 1 5
			Amount \$200.00		
Full Name of Contributor Elaine Whitman				Registration Number, if PAC	
Street Address 9314 Spring Branch Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online Donation	
City Houston	State TX <input checked="" type="checkbox"/>	Zip Code 77080	M 0	D 8	Y 1 1 5
			Amount \$200.00		
Full Name of Contributor Debbie Dunlap				Registration Number, if PAC	
Street Address 9140 McMahon Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online Donation	
City Reynoldsburg	State OH <input checked="" type="checkbox"/>	Zip Code 43068	M 0	D 8	Y 1 3 5
			Amount \$50.00		
Full Name of Contributor Lorraine Gaughenbaugh				Registration Number, if PAC	
Street Address 12930 Edgewood Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Pickerington	State OH <input checked="" type="checkbox"/>	Zip Code 43147	M 0	D 8	Y 1 5 1 5
			Amount \$25.00		
Full Name of Contributor Cheryl Crooks				Registration Number, if PAC	
Street Address 5997 Twin Pine Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City New Albany	State OH <input checked="" type="checkbox"/>	Zip Code 43054	M 0	D 8	Y 1 7 1 5
			Amount \$50.00		
Full Name of Contributor James H. Rodenmayer				Registration Number, if PAC	
Street Address 1020 Ruskin Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH <input checked="" type="checkbox"/>	Zip Code 43068	M 0	D 8	Y 2 5 1 5
			Amount \$100.00		
Full Name of Contributor Reynoldsburg Education Association				Registration Number, if PAC OH299	
Street Address P.O. Box 884		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH <input checked="" type="checkbox"/>	Zip Code 43068	M 0	D 9	Y 0 4 1 5
			Amount \$400.00		

* 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)]

Page Total **\$1,507.00**