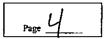
Statement of Contributions Received



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			Registra	tion Num	ber, if P.	AC
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
City	State OH 🔽	Zip Code	м 0 8	D ₁	Yj 1 5	Amount \$482.00
Full Name of Contributor Ellen Obermueller	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Registra	tion Num	ber, if P.	AC
Street Address 5760 Hathaway Pkwy #2123	Employer/Оссира	tion/Labor Organization				Form (Cash, Check, etc.) Online Donation
city Plano	TX 🔽	Zip Code 75024	М. D 8	D, 1	_Y -5-	Amount \$200.00
I Name of Contributor Elaine Whitman			Registration Number, if PAC			
Street Address 9314 Spring Branch Dr.	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.) Online Donation
City Houston	TX 🔽	Zip Code 77080	0 ^M 8	1 1	1 5	Amount \$200.00
Full Name of Contributor Debbie Dunlap			Registra	tion Num	ber, if P	AC
Street Address 9140 McMahon Ct.	Employer/Occupa	tion/Labor Organization				Form (Cash, Check, etc.) Online Donation
City Reynoldsburg	State OH 🔽	2ip Code 43068	м. р 8	D,	Y 1 5	Amount \$50.00
Full Name of Committutor Lorraine Gaughenbaugh			Registra	tion Num	ber, if Pa	AC
Street Address 12930 Edgewood Ct.	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.) Check
City Pickerington	State OH 🖃	Zip Code 43147	0 8	1 5	Y 1 5	Amount \$25.00
Full Name of Contributor Cheryl Crooks						
Street Address 5997 Twin Pine Dr.	Employer/Occupa	tion/Labor Organization*			-	Form (Cash, Check, etc.) Check
City New Albany	State OH 💌	Zip Code 43054	м 9 8	D	<u>Y</u> -5-	Amount \$50.00
Full Name of Contributor James H. Rodenmayer			Registra	tion Num	ber, if Pa	AČ
Street Address 1020 Ruskin Dr.	Employer/Occupa	tion/Labor Organization*	•		·	Form (Cash, Check, etc.) Check
^{City} Reynoldsburg	State OH 🔽	Zip Code 43068	м р 8	D ₁ 2 5	Υ 1 5	Amount \$100.00
Full Name of Contributor Reynoldsburg Education Association			Registra OH2	tion Num 99	ber, if P	
Street Address P.O. Box 884	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.) Check
^{City} Reynoldsburg	State OH	Zip Code 43068	0 9	0 4	1 5	Amount \$400.00

Page Total \$1,507.00

^{*} 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)]