



Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

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|---|--|--|------------------------------------|--|
| Full Name of Committee Friends of Neal Whitman | | | | |
| Full Name of Contributor Jeanette Kuder | | | Registration Number, if PAC | |
| Street Address 1209 Fletcher Dr | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 06/26/2019 |
| City Reynoldsburg | | State OH | Zip Code 43068 | Amount 50.00 |
| | | Form (Cash, Check, Etc) check | | |
| Full Name of Contributor Christine Smith | | | Registration Number, if PAC | |
| Street Address 8334 Priestley Dr | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 06/26/2019 |
| City Reynoldsburg | | State OH | Zip Code 43068 | Amount 50.00 |
| | | Form (Cash, Check, Etc) check | | |
| Full Name of Contributor Robert Barga | | | Registration Number, if PAC | |
| Street Address 1589 Stouder Dr | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 06/26/2019 |
| City Reynoldsburg | | State OH | Zip Code 43068 | Amount 50.00 |
| | | Form (Cash, Check, Etc) Money Order | | |
| Full Name of Contributor Erin Ross | | | Registration Number, if PAC | |
| Street Address 7742 Priestley Dr | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 06/26/2019 |
| City Reynoldsburg | | State OH | Zip Code 43068 | Amount 80.00 |
| | | Form (Cash, Check, Etc) check | | |
| Full Name of Contributor Contributors of \$25 or less | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 06/26/2019 |
| City | | State | Zip Code | Amount 70.00 |
| | | Form (Cash, Check, Etc) | | |

* 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
575.00

Total Expenditures This Event
60.00

Page Total \$ 300.00