Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Neal Whitman				
Full Name of Contributor Susan Riedlinger			Registration Number, if I	PAC
Street Address 922 McCarrrick Ct.	Employer/Occi	apation/Labor Organization		Form (Cash, Check, etc.) Online Donation
^{City} Reynoldsburg	State OH	Zip Code 43068	M D Y 7 P 7 5	Amount \$25.00
Full Name of Contributor Kacey Powell			Registration Number, if F	ÄC
Street Address 903 Cuthbert Ct.	Employer/Occupation/Labor Organization*		·	Form (Cash, Check, etc.) Online Donation
^{City} Reynoldsburg	State OH	Zip Code 43068	M D Y 5	Amount \$25.00
Full Name of Contributor Karen Smoot			Registration Number, if PAC	
Street Address 1026 S. Roosevelt Ave.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online Donation	
City Bexley	State OH,	Zip Code 43209	0 7 0 1 1 5	Amount \$20.00
Full Name of Contributor Beth Thompson	Registration Nu			AC
Street Address 910 Fortkort Dr.	Employer/Occupation/Labor Organization®			Form (Cash, Check, etc.) Online Donation
^{City} Reynoldsburg	State OH	Zip Code 43068	M D Y 0 7 D 1 1 5	Amount \$30.00
Full Name of Contributor Tracey DeFeyter			Registration Number, if P	AC
Street Address 775 Tricolor Ct.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Online Donation
^{City} Reynoldsburg	State OH	Zip Code 43068	0 7 1 1 5	Amount \$20.00
Full Name of Contributor Julie Hartman Registration Number, if PAC				
Street Address 7693 Godfrey Cir.	Employer/Occi	rpation/Labor Organization*	,	Form (Cash, Check, etc.) Online Donation
^{City} Reynoldsburg	State OH	Zip Code 43068	M D Y D 7 D 7 D 7 D 7 D 7 D 7 D 7 D 7 D 7	Amount \$30.00
Full Name of Contributor Registration Number, if Bobbi Rochus				AC
Street Address 9398 Sportsman Club Rd. NW	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online Donation
City Johnstown	State OH	Zip Code 43031	M, P, Y D 7 D 2 1 5	Amount \$20.00
Full Name of Contributor Ashley Ferguson			Registration Number, if P	
Street Address 2821 Loris Way	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Online Donation
City Grove City	State OH	Zip Code 43123	0 7 0 2 1 5	Amount \$25.00

Page Total \$195.00

^{*} 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)]