

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Neal Whitman							
Full Name of Contributor Tonya Pryor					Registration Number, if PAC		
Street Address 5177 Sulgrave Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH <input checked="" type="checkbox"/>	Zip Code 43054	M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
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City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y	Amount	

* 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 **\$100.00**