



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Neal Whitman				
Full Name of Contributor Friends of Debbie Dunlap			Registration Number, if PAC	
Street Address 9140 McMahon Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/07/2019	Amount 77.94
Full Name of Contributor Jeanette Kuder			Registration Number, if PAC	
Street Address 1209 Fletcher Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/14/2019	Amount 25.00
Full Name of Contributor Pam Bivona			Registration Number, if PAC	
Street Address 7908 Windrift Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/15/2019	Amount 20.00
Full Name of Contributor Shannon Washington			Registration Number, if PAC	
Street Address 7975 Windrift Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/15/2019	Amount 50.00
Full Name of Contributor Denise Shook			Registration Number, if PAC	
Street Address 672 Ravenna Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/18/2019	Amount 25.00

*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)]