



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Friends of Neal Whitman						
Full Name of Contributor Registration Num					er, if PAC	
Stonewall Democrats of Central Ohio						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
340 East Fulton St.					Cash	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Columbus	он 🔻	43215		10/21/2019	100.00	
Full Name of Contributor				Registration Number	er, if PAC	
Anne Trachsel						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
7302 Timber Creek Ct	PayPal					
City	State	Zip Code	Date (MM/D	DMYYY)	Amount	
Reynoldsburg	он 🔻	43068		10/28/2019	25.00	
Full Name of Contributor				Registration Number	er, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
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City	State	Zip Code	Date (MM/D	M/DD/YYYY) Amount		
	_					
Full Name of Contributor			•	Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	DYYYY)	Amount	
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Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	Date (MM/DD/YYYY) Amount		
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*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	125.00
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