



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

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Full Name of Committee						
Friends of Neal Whitman						
Full Name of Contributor Registration					er, if PAC	
Beth Thompson						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
910 Fort Kort	Cash					
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Reynoldsburg	он	43068		06/26/2019	40.00	
Full Name of Contributor Registration Numb					er, if PAC	
Julie Darling						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1105 Carousel Dr East	Cash					
City	State	Zip Code	Date (MM/DI	DMYYY)	Amount	
Reynoldsburg	ОН	43068	06/26/2019		20.00	
Full Name of Contributor Registration Number					er, if PAC	
Susan Riedlinger						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
922 McCarrick Ct					check	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Reynoldsburg	он	43068	06/26/19		25.00	
Full Name of Contributor Registration Number					er, if PAC	
Debbie Dunlap						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
9140 McMahon Ct	check					
City	State	Zip Code	Date (MM/DI	DMYYY)	Amount	
Reynoldsburg	он	43068	06/26/2019		50.00	
Full Name of Contributor	Contributor Registration Number					
Jeni Quesenberry						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
949 Lancaster Ave	check					
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Reynoldsburg	ОН	43068		06/26/2019	35.00	

Page Total 170	.00
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<sup>\*</sup>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)]