



Statement of Contributions Received

Form 31-A

ORC 3517.10

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Full Name of Contributor Registration Number				er, if PAC
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
				Check
State	Zip Code	Date (MM/DI	D/YYYY)	Amount
OH 43068 10/25/2019 350.00			350.00	
Registration Numb			er, if PAC	
			·	
Employer/Occupation/Labor Organization* Form (Cash,				Form (Cash, Check, etc.)
Check				
State	Zip Code	Date (MM/DI	D/YYYY)	Amount .
OH	43068	10/25/2019		350.00
Registration Number,				er, if PAC
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
			Check	
State	Zip Code	Date (MM/DD/YYYY)		Amount
ОН	43068	10/25/2019 1		111.80
Registration Numb				er, if PAC
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
			Check	
State	Zip Code	Date (MM/DI	D/YYYY)	Amount
ОН	43068	10/25/2019		25.00
Registration Numb			Registration Number	er, if PAC
iends of Neal Whitman				
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Check				
State	Zip Code	Date (MM/DD/YYYY)		Amount
ОН	43068	10/25/2019 100.00		
	State OH Employer State OH Employer State OH Employer State OH State OH	State Zip Code OH 43068 Employer/Occupation/Labor Org State Zip Code OH 43068	State Zip Code Date (MM/Did A3068 Code Date (MM/Did Da	State Zip Code OH 43068 T0/25/2019 Registration Number

*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)]

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	Page Total 936.80	
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