



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Neal Whitman				
Full Name of Contributor Viola Shemas			Registration Number, if PAC	
Street Address 7747 Amelia Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/03/2019	Amount 25.00
Full Name of Contributor John Colton			Registration Number, if PAC	
Street Address 1658 Rosehill Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/06/2019	Amount 50.00
Full Name of Contributor Licking County Democrats			Registration Number, if PAC	
Street Address P.O. Box 4883		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Newark	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/11/2019	Amount 75.00
Full Name of Contributor Reynoldsburg Education Association			Registration Number, if PAC OH299	
Street Address P.O. Box 884		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/11/2019	Amount 300.00
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

*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)]