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Event Date	6/26/19	Page [[]

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-

C 3517 10(B)

					R.C. 3517.10(B)
Full Name of Committee					
Friends of Neal Whitman					
Full Name of Contributor		Registration Number, if PAC			
Karen Wilson					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
7752 Cheriton Circle				6/26/19	100.00
City	1:	State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg	(ОН	43068	Check	
Full Name of Contributor	······································		·	Registration Number, if PAC	Company Control (1995) and the control of the contr
Chris Shook					
Street Address	Employer	/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
572 Hunnicut Dr				6/26/19	50.00
City	1	State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg		ОН	43068	Check	
Full Name of Contributor		Registration Number, if PAC			
Beth Thompson					
Street Address	Employer	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
910 Fort Kort				6/26/19	40.00
City		State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg	0	ОН	43068	Cash	
Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC	
Debbie Dunlap					
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
9140 McMahon Ct				6/26/19	50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg	(ОН	43068	Check	
Full Name of Contributor				Registration Number, if PAC	
Jeni Quesenberry					
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
949 Lancaster Ave				6/26/19	35.00
City		State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg		ОН	43068	Check	
* Required for contributions from individuals over \$100 t	to statewid	e and Ge	neral Assembly candidat	tes. If contributor is self-employed	the occupation and the

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions	This	Event

Total Expenditures	This Event

Page Total \$	275.00	· · · · · · · · · · · · · · · · · · ·	

^{*} 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)]