



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Neal Whitman				
Full Name of Contributor Denise Shook			Registration Number, if PAC	
Street Address 672 Ravenna Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/18/2019	Amount 25.00
Full Name of Contributor Reynoldsburg Area Democrats			Registration Number, if PAC	
Street Address 550 E. Walnut St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/20/2019	Amount 50.00
Full Name of Contributor Douglas Bickert			Registration Number, if PAC	
Street Address 8894 Kingsley Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/26/2019	Amount 100.00
Full Name of Contributor Ginny Christopherson			Registration Number, if PAC	
Street Address 885 Francis Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 08/26/2019	Amount 25.00
Full Name of Contributor Dale Wire			Registration Number, if PAC	
Street Address 6570 Schenk Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/26/2019	Amount 25.00

*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)]