



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

Form 31-E R.C. 3517.10(B)

Full Name of Committee			-		R.C. 3517.10(B
Friends for Michael Farley Committee	e				
Full Name of Contributor				Registration Number, if PAC	
Mark Schloemer					
Street Address	E	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
68 E. California Avenue				09/13/2017	100
City		State	Zip Code	Form (Cash, Check, Etc	
Columbus		ОН	43202	Check	
Full Name of Contributor		<del></del>	<u> </u>	Registration Number, if PAC	
Shawna B. Davis					
Street Address	E	mployer/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
6528 Plesenton Drive				09/13/2017	100
City	1	State	Zip Code	Form (Cash, Check, Etc	
Worthington		ОН	43085	Check	44
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC	
Matthew Christopher Roberts					
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
6821 Alloway Street East				09/13/2017	200
City	I	State	Zip Code	Form (Cash, Check, Etc	
Worthington		ОН	43085	Check	The Control of the Co
Full Name of Contributor				Registration Number, if PAC	
Eric Weldele					
Street Address	Ε	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1475 W. 3rd Ave, Apt. 302				09/13/2017	500
City		State	Zip Code	Form (Cash, Check, Etc	
Columbus		ОН	43212	Check	the state of the s
ull Name of Contributor			Registration Number, if PAC		
Nichole M. Reiss					
Street Address	Ε	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
27 Glenville Ave, Apt. 3				09/13/2017	25
City		State	Zip Code	Form (Cash, Check, Etc	
Boston		MA	02134	Check	en some after en

<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)]

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

0.05
Page Total \$ 925
Page rotars