



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

Form 31-E

					R.C. 3517.10(B)	
Full Name of Committee						
Friends for Michael Farley Committee						
Full Name of Contributor				Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·	
Patricia F Reeder						
Street Address	Employ	er/Occupa	tion/Labor Organization*	D-1-401/D24040		
100 St. Andre	Employer/Occupation/Labor Organization		Date (MM/DD/YYYY) 09/27/2017	Amount 200		
	<u> </u>	Tari	1		200	
City		State	Zip Code	Form (Cash, Check, Etc		
Columbus		ОН	43085	Check	Agriculture of	
Full Name of Contributor				Registration Number, if PAC		
Nick Blazer						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
1731 Arlingate Dr. S				09/27/2017	75	
City	1	State	Zip Code	Form (Cash, Check, Etc	la cua magrici de gli argai a garanci i ci l'alla acci a c	
Columbus		ОН	43220	Check		
			43220			
Full Name of Contributor				Registration Number, if PAC		
Veena G Brannon						
Street Address	Employ	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
6659 Schreiner St. East				09/27/2017	75	
City	<u> </u>	State	Zip Code	Form (Cash, Check, Etc		
Worthington		он	43085	Check		
Full Name of Contributor			Registration Number, if PAC			
Cornerstone Consulting Services, LLC (Matt Carle)			regionation realises, a rate			
			N = 1 = 1 = 2 = 2 = 2 = 2 = 4 = 4		Γ	
1				, ,	Amount	
50 W Broad Street, Suite 1111	Cornerstone Consulting Services		09/27/2017 250			
City		State	Zip Code	Form (Cash, Check, Etc	- Allega production and the second	
Columbus		ОН	43215	Check		
Full Name of Contributor		Registration Number, if PAC				
The France Family Trust (Larry A France Tr	ustee)					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
231 Abbot Ave				09/27/2017	100	
City	1	State	Zip Code	Form (Cash, Check, Etc	The special section of the section o	
Worthington		ОН	43085	Check		
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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

ŀ	Total Contributions	This	Event
١			

Total Expenditures	This	Event

Page To	otal \$ ⁷⁰⁰		

^{*} 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)]