



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Michael Farley Committee				
Full Name of Contributor Robert F. Howarth			Registration Number, if PAC	
Street Address 325 South Parkview Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 08/01/2017	Amount 50
Full Name of Contributor Brad D. Reynolds			Registration Number, if PAC	
Street Address 2295 Fishinger Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/27/2017	Amount 200
Full Name of Contributor Thomas L. Long			Registration Number, if PAC	
Street Address 2565 Leeds Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/10/2017	Amount 250
Full Name of Contributor Michael R. Komashka			Registration Number, if PAC	
Street Address 2519 Isabella Blue Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 09/21/2017	Amount 250
Full Name of Contributor FOP Policital Education Fund (Jason O. Pappas)			Registration Number, if PAC n/a	
Street Address 6800 Schrock Hill Ct	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY) 09/20/2017	Amount 500

*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)]