



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

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

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|---|---|-------------------|----------------------------------|------------------|
| Full Name of Committee Friends for Michael Farley Committee | | | | |
| Full Name of Contributor John Van Doorn | | | Registration Number, if PAC | |
| Street Address 3776 Naugatuck Pl | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/19/2019 | Amount 100.00 |
| City Powell | State OH | Zip Code 43065 | Form (Cash, Check, Etc) Check | |
| Full Name of Contributor Michael Fraizer | | | Registration Number, if PAC | |
| Street Address 230 Clover Ct | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/19/2019 | Amount 50.00 |
| City Newark | State OH | Zip Code 43055 | Form (Cash, Check, Etc) Check | |
| Full Name of Contributor LaTourette for Ohio | | | Registration Number, if PAC | |
| Street Address PO Box 76 | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/19/2019 | Amount 100.00 |
| City Chagrin Falls | State OH | Zip Code 44022 | Form (Cash, Check, Etc) Check | |
| Full Name of Contributor Kelly Carey | | | Registration Number, if PAC | |
| Street Address 344 Lyncroft Dr. | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/19/2019 | Amount 50.00 |
| City Gahanna | State OH | Zip Code 43220 | Form (Cash, Check, Etc) Check | |
| Full Name of Contributor Christopher Stevens | | | Registration Number, if PAC | |
| Street Address 448 Kinston Ave | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/19/2019 | Amount 50.00 |
| City Powell | State OH | Zip Code 43065 | Form (Cash, Check, Etc) Check | |

* 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

Page Total \$ 350.00