



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends for Michael Farley Commitee	<u>.</u>				
Full Name of Contributor Registration Num				Registration Numb	er, if PAC
Sandra R Byers					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
139 Saint Julien St					Check
City	State	Zip Code	Date (MM/D	D/YYY)	Amount
Worthington	ОН	43085		10/01/2017	50
Full Name of Contributor		<u></u>		Registration Number	er, if PAC
John R. Zakrajsek					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
51 Sheridan Street, NE				Check	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Washington	DC	20011		09/25/2017	50
Full Name of Contributor			J	Registration Number	er, if PAC
Thomas L. Long					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2565 Leeds Road					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43221		09/25/2017	250
Full Name of Contributor	, 			Registration Number	er, if PAC
P. Michael D'Angelo					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
41 S. High Street, 12th Floor					Cash
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43215		10/06/2017	50
Full Name of Contributor	Registration Number				er, if PAC
Donn Parsons					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2081 Zollinger Road					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43221		10/18/2017	50

^{*}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)]