



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Neighbors for Barga				
Full Name of Contributor Robert M. Barga			Registration Number, if PAC	
Street Address 1589 Stouder Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/22/2019	Amount 500.00
Full Name of Contributor Robert D. Barga			Registration Number, if PAC	
Street Address 455 Arden Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 03/04/2019	Amount 1,000.00
Full Name of Contributor Frank J. Reed, Jr.			Registration Number, if PAC	
Street Address 10 W. Broad St. Ste 2300		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 03/14/2019	Amount 50.00
Full Name of Contributor Peter J. O'Mera			Registration Number, if PAC	
Street Address 2881 Sawmill Park Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 03/14/2019	Amount 100.00
Full Name of Contributor Sandra D. Long			Registration Number, if PAC	
Street Address 1675 Haft Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/14/2019	Amount 100.00

*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)]