



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

Form 31-E

Full Name of Committee	<del></del>				(-)
Friends for Michael Farley Committee					
Full Name of Contributor				Registration Number, if PAC	
Bradford K Barger					
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
6132 Round Tower Ln				09/27/2017	100
City	1	State	Zip Code	Form (Cash, Check, Etc	
Dublin		ОН	43017	Check	
Full Name of Contributor	•			Registration Number, if PAC	
James W. Sheppard					
Street Address	Employer	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
425 Kenbrook Dr				09/27/2017	100
City		State	Zip Code	Form (Cash, Check, Etc	
Worthington		OH	43085	Check	
Full Name of Contributor	<u>-</u>	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC	
Allison Cenklin					
Street Address	Employer	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1360 Thornwood PI, Apt C				09/27/2017	100
City		State	Zip Code	Form (Cash, Check, Etc	1 + 100 1 * 10
Grandview Heights		ОН	43212	Check	
Full Name of Contributor				Registration Number, if PAC	
Marlene M. Obringer				,	
Street Address	Employer/Occupation/Labor Organization		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
178 E New England Ave				09/27/2017	100
City		State	Zip Code	Form (Cash, Check, Etc	
Worthington		ОН	43085	Check	
Full Name of Contributor				Registration Number, if PAC	
Mottley for State Representative					
Street Address	Employer	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
137 Saint Julien St.				09/27/2017	100
City	•	State	Zip Code	Form (Cash, Check, Etc	- STANGER AND FORE STORE
Worthington		ОН	43085	Check	
			·		

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

<b>Total Contributions</b>	This	Event

Total	Expenditures	This	Event
1			

1		
Page To	500	
Page Id	otal \$	

<sup>\*</sup> 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)]