



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends For Sorenson				
Full Name of Contributor Kenneth Madsen			Registration Number, if PAC	
Street Address 1387 Pleasant Valley Drive		Employer/Occupation/Labor Organization* Ohio State University		Form (Cash, Check, etc.) Check
City Newark	State OH	Zip Code 43055	Date (MM/DD/YYYY) 06/25/2019	Amount 40
Full Name of Contributor Robert Sorenson			Registration Number, if PAC	
Street Address 1659 Foxchase Dr		Employer/Occupation/Labor Organization* Liberty Tire		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 06/20/2019	Amount 28
Full Name of Contributor John Pinskey			Registration Number, if PAC	
Street Address 671 S Terrace		Employer/Occupation/Labor Organization* Danbert		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43204	Date (MM/DD/YYYY) 06/20/2019	Amount 24
Full Name of Contributor Kristen Bryant			Registration Number, if PAC	
Street Address 387 Cheyenne Way		Employer/Occupation/Labor Organization* Self Employed Attorney		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 06/19/2019	Amount 100
Full Name of Contributor Natalie Moore			Registration Number, if PAC	
Street Address 999 Bowen Road		Employer/Occupation/Labor Organization* Reynoldsburg City Schools		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 07/16/2019	Amount 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)]