

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee			··········		
Friends For Sorenson					
Tull Name of Contributor Registration Num				er, if PAC	
Cornelius McGrady III					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
8675 Kingsley Drive	Retired			Check	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Reynoldsburg	он	43068	09/16/2019		25
Full Name of Contributor Registration Num					er, if PAC
Joseph Sorenson					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2270 Ayers Drive	Reynoldsburg City Schools			Cash	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Reynoldsburg	OH	43068	08/10/2019		28
Full Name of Contributor	Registration Numb				er, if PAC
Veronica Rankin					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Retton Road	TS Tech			Cash	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Reynoldsburg	ОН	43068	07/06/2019 10		10
Full Name of Contributor Registration Numb					er, if PAC
Statement of Contributions Received (Form31-10 (ement of Contributions Received (Form31-Ø6				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D / YYYY)	Amount
	06/30/201		06/30/2019	280	
Full Name of Contributor Registration Number					er, if PAC
Statement of Contributions Received (Form31- 🖺 💆					
Street Address	Employer/Occupation/Labor Organization* For				Form (Cash, Check, etc.)
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City	State	Zip Code	Date (MM/DD/YYYY)		Amount
				09/05/2019	360

*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)]

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