



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends For Sorenson				
Full Name of Contributor Judi Milligan			Registration Number, if PAC	
Street Address 1895 Lockmere		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 07/13/2019	Amount 10
Full Name of Contributor Richard Brown			Registration Number, if PAC	
Street Address 7559 Bruns Court		Employer/Occupation/Labor Organization* State of Ohio		Form (Cash, Check, etc.) Check
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 07/16/2019	Amount 100
Full Name of Contributor Tara Alioto			Registration Number, if PAC	
Street Address 1202 Crestview Drive		Employer/Occupation/Labor Organization* Reynoldsburg City Schools		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 07/19/2019	Amount 50
Full Name of Contributor Terry Byers			Registration Number, if PAC	
Street Address 219 Edith Street		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Cash
City Pittsburgh	State OH	Zip Code 15211	Date (MM/DD/YYYY) 07/20/2019	Amount 32
Full Name of Contributor Joseph Sorenson			Registration Number, if PAC	
Street Address 2270 Ayers Drive		Employer/Occupation/Labor Organization* Reynoldsburg City Schools		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 07/29/2019	Amount 30

*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)]