



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends For Sorenson				
Full Name of Contributor Joseph Starc			Registration Number, if PAC	
Street Address 612 Anna Dean Lane		Employer/Occupation/Labor Organization* Babcock-Wilcox		Form (Cash, Check, etc.) Cash
City Barberton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 08/17/2019	Amount 100
Full Name of Contributor Reynoldsburg Area Democrats			Registration Number, if PAC	
Street Address PO BOX 1523		Employer/Occupation/Labor Organization* Local Political Party PAC		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/10/2019	Amount 175
Full Name of Contributor Christine Ginder			Registration Number, if PAC	
Street Address 4440 Ackerly Road		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Online Credit Card
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 09/05/2019	Amount 100
Full Name of Contributor Schyvonne Ross			Registration Number, if PAC	
Street Address 2060 Dornbin Drive		Employer/Occupation/Labor Organization* Reynoldsburg City Schools		Form (Cash, Check, etc.) Online Credit Card
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/27/2019	Amount 20
Full Name of Contributor Barry Alcock			Registration Number, if PAC	
Street Address 5085 Bixby Road		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Online Credit Card
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 08/21/2019	Amount 100

*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)]