



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends For Sorenson					
Full Name of Contributor Registration Nu					er, if PAC
Judi Milligan					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1895 Lockmere					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Reynoldsburg	он	43068	07/13/2019		10
Full Name of Contributor		1	er, if PAC		
Richard Brown					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
7559 Bruns Court	State of Ohio				Check
City	State	Zip Code	Date (MM/D	DAYYY)	Amount
Canal Winchester	ОН	43110		07/16/2019	100
Full Name of Contributor Registration Numb					er, if PAC
Tara Alioto					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1202 Crestview Drive	Reynold	sburg City Schools	•		Cash
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Reynoldsburg	OH ₂	43068		07/19/2019	50
Full Name of Contributor Registration Numb					er, if PAC
Terry Byers					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
219 Edith Street	Retired				Cash
City	State	Zip Code	Date (MM/D	D/YYY)	Amount
Pittsburgh	ОН	15211	İ	07/20/2019	32
Full Name of Contributor	Registration Numb			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/DD/YYYY)		Amount
Reynoldsburg	ОН	43068	07/29/2019		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)]

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