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## **Statement of Contributions Received** at a Social or Fund-Raising Event

Form 31-E

					R.C. 3517.10(B
Full Name of Committee					
Friends For Sorenson					
Full Name of Contributor			Registration Number, if PAC		
Recha Pokhrel					
Street Address	Emplo	yer/Occup	pation/Labor Organization*	Date (MM/DD/YYYY)	Amount
230 Endora Street	Stud	ent		09/05/2019	25
City	L	State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg		он	43068	Cash	
Full Name of Contributor				Registration Number, if PAC	<u>.</u>
Yashoda Siwakoti					
Street Address	Emplo	yer/Occup	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
1775Woodview CT APT K	Stude	Student		09/05/2019	25
City	····	State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg		ОН	43068	Cash	
Full Name of Contributor			Registration Number, if PAC		
Laxmi Oli					
Street Address	Emplo	уег/Оссир	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
7137 Serenoa Drive	Stude	Student		09/05/2019	25
City		State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg	Reynoldsburg OH 43068		43068	Cash	
Full Name of Contributor			adam to the control of the control o	Registration Number, if PAC	
Kristin Bryant					
Street Address	Emplo	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
387 Cheyenne Way	Self E	Self Employed Attorney		09/05/2019	50
City		State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg		ОН	43068	Cash	
Full Name of Contributor				Registration Number, if PAC	Standard Commence of the Comme
0					
Street Address	Employ	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	
Required for contributions from individuals over \$	100 to statev	ride and G	eneral Assembly candidat	es. If contributor is self-employed	t, the occupation and the

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

<b>Total Contributions</b>	This	Event

Total	Expenditures	This	Event
i			

Page	e Total \$	125		
, age	, i Oldi 4		 	

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)]