

ent Date	06/30/2019	

Page 1

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

Form 31-E R C 3517 10/B)

Full Name of Committee					7.0. 5517.10(6
Friends For Sorenson					
Full Name of Contributor				Registration Number, if PAC	
Jeni Quessenberry					
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
949 Lancaster Ave	School Administrator		06/30/2019	1	
City	State Zip Code		Form (Cash, Check, Etc		
Reynoldsburg		ОН	43068	Check	
Full Name of Contributor			Registration Number, if PAC		
Chris Shook					
Street Address	Employ	er/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
572 Hunnicutt	City o	f Columb	ous	06/30/2019	75
City	<u> </u>	State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg		ОН	43068	Check	:
Full Name of Contributor			Registration Number, if PAC	<u> </u>	
Rachel Sorenson					
Street Address	Employ	er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1659 Foxchase Drive	Mother			06/30/2019	40
City State Zip Code		Zip Code	Form (Cash, Check, Etc		
Reynoldsburg		он	43068	Cash	
Full Name of Contributor			Registration Number, if PAC		
Molly Chang					
Street Address	Employ	er/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
7480 Daugherty	Reynoldsburg City Schools		City Schools	06/30/2019	10
City		State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg		ОН	43068	Cash	
Full Name of Contributor		····		Registration Number, if PAC	
Dana Pinskey					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
671 S. Terrace	Fed Ex			06/30/2019	40
City	-	State	Zip Code	Form (Cash, Check, Etc	
Columbus	i	он	43204	Cash	
* Paguired for contributions from individuals over \$100 t	n ntatavi	de and Or		**	

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 form No. 31-E" and list the date of the event in the date column

Total	Contributions	This	Event
280			

Loren myhengimies i i ii s Eveti	Total	Expenditures	This	Event
201.02	201.	02		

Page Total \$	190

^{*} 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 payrolf 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)]