



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends For Sorenson				
Full Name of Contributor Michael Perfect			Registration Number, if PAC	
Street Address 1450 Crest Drive		Employer/Occupation/Labor Organization* DollarTree / College Student		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/10/2019	Amount 50
Full Name of Contributor Janet Kunes			Registration Number, if PAC	
Street Address 246 Cantwell Court		Employer/Occupation/Labor Organization* Reynoldsburg City Schools		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/05/2019	Amount 25
Full Name of Contributor Mackenzie Marlow			Registration Number, if PAC	
Street Address 8 W Green Drive, James Hall, Room Number 220		Employer/Occupation/Labor Organization* College Student		Form (Cash, Check, etc.) Cash
City Athens	State OH	Zip Code 45701	Date (MM/DD/YYYY) 08/09/2019	Amount 20
Full Name of Contributor Linda Trainer			Registration Number, if PAC	
Street Address 13201 Bevelhymer Road		Employer/Occupation/Labor Organization* Reynoldsburg City Schools		Form (Cash, Check, etc.) Cash
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/08/2019	Amount 20
Full Name of Contributor Chris Arp			Registration Number, if PAC	
Street Address 800 Waldron Street APT 106		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/30/2019	Amount 25

*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)]