



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends For Sorenson				
Full Name of Contributor Cornelius McGrady III			Registration Number, if PAC	
Street Address 8675 Kingsley Drive		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/16/2019	Amount 25
Full Name of Contributor Joseph Sorenson			Registration Number, if PAC	
Street Address 2270 Ayers Drive		Employer/Occupation/Labor Organization* Reynoldsburg City Schools		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/10/2019	Amount 28
Full Name of Contributor Veronica Rankin			Registration Number, if PAC	
Street Address Retton Road		Employer/Occupation/Labor Organization* TS Tech		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 07/06/2019	Amount 10
Full Name of Contributor Statement of Contributions Received (Form31- <u>03</u>)			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY) 06/30/2019	Amount 280
Full Name of Contributor Statement of Contributions Received (Form31- <u>02</u>)			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY) 09/05/2019	Amount 360

*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)]