

Statement of Contributions Received

Form 31-4

ORC 3517 10

Friends For Sorenson Full Name of Contributor Cornelius McGrady III Street Address Employer/Occupation/Labor Organization* Retired Clty Retired Clty Reynoldsburg OH 43068 Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Reproddsburg OH 43068 Date (MM/DD/YYY) Amount Cash Check, etc.) Cash Coth Reynoldsburg OH 43068 Date (MM/DD/YYY) Registration Number, if PAC Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Registration Number, if PAC Cash Coth Registration Number, if PAC Retron Road TS Tech Clty State Zip Code Date (MM/DD/YYY) Amount Cash Crops Coupation/Labor Organization* Registration Number, if PAC State PAC Date (MM/DD/YYY) Registration Number, if PAC Registration Number, if PAC Statement of Contributor Statement of Contributor Statement of Contributor Registration Number, if PAC Registration N	[5.11 N					
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*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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