

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

Form 31-F

R.C. 3517 10(B)

					R.C. 3517.10(E
Full Name of Committee					
Friends For Sorenson					
Full Name of Contributor	Registration Number, if PAC				
Jeni Quessenberry					
Street Address	Employer/Occupation/Labor Organization*		ation/Labor Organization	Date (MM/DD/YYYY)	Amount
949 Lancaster Ave	School Administrator		nistrator	06/30/2019	25
City	State Zip Code		Zip Code	Form (Cash, Check, Etc	
Reynoldsburg		ОН	43068	Check	(1) (2) (3)
Full Name of Contributor	''	l		Registration Number, if PAC	<u>10.</u> (1).
Chris Shook					
Street Address	Employe	er/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
572 Hunnicutt	City of	City of Columbus		06/30/2019	75
City		State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg		ОН	43068	Check	
Full Name of Contributor			<u> </u>	Registration Number, if PAC	Catt.
Rachel Sorenson					
Street Address	Employe	er/Occupa	ntion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1659 Foxchase Drive	Mother			06/30/2019	40
City		State	Zip Code	Form (Cash, Check, Etc	
Reynoldsburg		ОН	43068	Cash	
Full Name of Contributor				Registration Number, if PAC	, 40년 ·
Molly Chang					
Street Address	Employer/Occupation/Labor Organization*		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			1 · · · ·	Registration Number, if PAC	Marine Line Committee Comm
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		ОН	43204	Cash	
Champional for contributions for a to at the contribution of					

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 E	ACLIF
280	

Total Expenditures This Event 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 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)]