



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Friends For Sorenson				
Full Name of Contributor Shanette Strickland			Registration Number, if PAC	
Street Address 651 Mirandy Place	Employer/Occupation/Labor Organization* IT Specialist		Date (MM/DD/YYYY) 09/05/2019	Amount 20
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Friends of Mack Quessenberry			Registration Number, if PAC	
Street Address 949 Lancaster Ave	Employer/Occupation/Labor Organization* Political Campaign Committee		Date (MM/DD/YYYY) 09/05/2019	Amount 25
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) Check	
Full Name of Contributor Lisa Shook			Registration Number, if PAC	
Street Address 572 Hunnicutt	Employer/Occupation/Labor Organization* E.P.A.		Date (MM/DD/YYYY) 09/05/2019	Amount 50
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) Check	
Full Name of Contributor Debbie Dunlap			Registration Number, if PAC	
Street Address 9140 McMahon Ct	Employer/Occupation/Labor Organization* Freelance Writer		Date (MM/DD/YYYY) 09/05/2019	Amount 40
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) Check	
Full Name of Contributor Neeru Bhandari			Registration Number, if PAC	
Street Address 8973 Coral Canyon	Employer/Occupation/Labor Organization* Neeru Fashion		Date (MM/DD/YYYY) 09/05/2019	Amount 100
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) Cash	

* 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)]

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
360

Total Expenditures This Event
67.51

Page Total \$ 235