



**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
City Reynoldsburg		State OH	Zip Code 43068	Amount 20
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
City Reynoldsburg		State OH	Zip Code 43068	Amount 25
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
City Reynoldsburg		State OH	Zip Code 43068	Amount 50
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
City Reynoldsburg		State OH	Zip Code 43068	Amount 40
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
City Reynoldsburg		State OH	Zip Code 43068	Amount 100
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