



**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 Brianna Blackburn			Registration Number, if PAC	
Street Address 6556 Canby Place	Employer/Occupation/Labor Organization* Franklin County		Date (MM/DD/YYYY) 06/30/2019	Amount 40
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Kristin Bryant			Registration Number, if PAC	
Street Address 387 Cheyenne Way	Employer/Occupation/Labor Organization* Self Employed Attorney		Date (MM/DD/YYYY) 06/30/2019	Amount 50
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	

* 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

Total Expenditures This Event

Page Total \$ 90