

# Statement of Loans Received

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> Friends For Sorenson							
From Whom Received Joseph Sorenson					Prior Amount 200	Amt. Incurred this Period 0	
Street Address 2270 Ayers Drive					Outstanding Balance FORGIVEN		
City Reynoldsburg	State OH	Zip Code 43068	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
Date Loan was Originally Incurred (MM/DD/YYYY) 8-23-17 and 10-31-17			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received FRIENDS FOR BHUWAN					Prior Amount 500	Amt. Incurred this Period 0	
Street Address 8386 Ashlynd Place					Outstanding Balance FORGIVEN		
City Reynoldsburg	State OH	Zip Code 43068	<b>Loans Received This Period</b>		<b>Payments This Period</b>		
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	

\* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 700

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ FORGIVEN (also record on Form 30-A)