

Event Date	07/28/2019	Page 3 <u>8</u>

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

Form 31-E

Full Name of Committee Friends of Meredith Lawson-Rowe Full Name of Contributor Full Name of Contributor Street Address  Employer/Occupation/Labor Organization* Unknown  State   Zip Code   Form (Cash, Check, Etc Cash    Registration Number, if PAC  Form Columbus  Employer/Occupation/Labor Organization* Or/28/2019  Amount Or/28/2019  Date (MM/DD/YYYY)  Amount Or/28/2019  A						R.C. 3517.10(B)
Full Name of Contributor Theresa Bryant  Street Address Employer/Occupation/Labor Organization* Unknown  State Columbus  Full Name of Contributor  Cash  Street Address Employer/Occupation/Labor Organization* Unknown  State Columbus  Full Name of Contributor  Cash  Employer/Occupation/Labor Organization* Unknown  State Cash  Employer/Occupation/Labor Organization* Unknown  Cash  Employer/Occupation/Labor Organization* Unknown  Cash  Street Address  Employer/Occupation/Labor Organization* Unknown  Cash  City  State Up Code Form (Cash, Check, Etc Cash  Form (Cash, Check, Etc Cash  Cash  Amount Stout State Up Code Form (Cash, Check, Etc Cash  Cash  Cash  City  State Up Code Form (Cash, Check, Etc Cash  Cash  Registration Number, if PAC  City  State OH  Zip Code Form (Cash, Check, Etc Cash  Cash  Registration Number, if PAC  Amount Street Address  Employer/Occupation/Labor Organization*  City  State OH  Zip Code Form (Cash, Check, Etc Cash  Registration Number, if PAC	Full Name of Committee					
Theresa Bryant  Street Address  Employer/Occupation/Labor Organization* Unknown  Date (MM/DD/YYYY)  Amount 340.00  City  State Zip Code Columbus  City A3232  Cash  Form (Cash, Check, Etc Cash)  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* Unknown  O7/28/2019  Amount 7/28/2019  City  State Zip Code Cash  Cash  Employer/Occupation/Labor Organization* N/A  City  State Zip Code Cash  Cash  City  State Zip Code Cash  City  City  State Zip Code Cash  City  City  City  State Zip Code Cash  City  Cit	Friends of Meredith Lawson-Rowe					
Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)   Amount 5492 York Ln N   Unknown   D7/28/2019   \$40.00	Full Name of Contributor				Registration Number, if PAC	
State   Zip Code   Form (Cash, Check, Etc Cash   State   Address   Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)   Amount	Theresa Bryant					
State   Zip Code   Form (Cash, Check, Etc Cash   Cash   Check   Cash   Cash   Cash   Check   Cash	Street Address	Employ	mployer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
Columbus  OH 43232 cash  Full Name of Contributor  Grant Johnson  Street Address  Employer/Occupation/Labor Organization* Unknown  State Zip Code Form (Cash, Check, Etc Cash  Columbus  Full Name of Contributor  City  State Zip Code Gode  OH 43232  Cash  Registration Number, if PAC  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* N/A  State Zip Code Form (Cash, Check, Etc Cash  Columbus  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* N/A  State Zip Code Form (Cash, Check, Etc Cash  Cash  City  State Zip Code Form (Cash, Check, Etc Cash  Cash  Form (Cash, Check, Etc Cash  Cash  Form (Cash, Check, Etc Cash  Cash  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Registration Number, if PAC  Registration Number, if PAC	5492 York Ln N	unkno	wn		07/28/2019	\$40.00
Full Name of Contributor  Grant Johnson  Street Address  Employer/Occupation/Labor Organization* unknown  State Zip Code OH 43232  Cash  Form (Cash, Check, Etc Cash  Registration Number, if PAC  Grant Johnson  Street Address  Employer/Occupation/Labor Organization* N/A  Street Address  Employer/Occupation/Labor Organization* N/A  State Zip Code OH  Form (Cash, Check, Etc Cash  Street Address  Employer/Occupation/Labor Organization* N/A  State Zip Code OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount O7/28/2019  \$5.00  Amount O7/28/2019  \$5.00  City  State Zip Code OH  Form (Cash, Check, Etc Cash  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount  Registration Number, if PAC	City	1	State	Zip Code	Form (Cash, Check, Etc	
Grant Johnson  Street Address  Employer/Occupation/Labor Organization* Unknown  Date (MM/DD/YYYY)  Amount  340.00  City  State Columbus  Full Name of Contributor  City  State OH  State City  State OH  State City  State OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* On/28/2019  State OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* OH  Registration Number, if PAC	Columbus		он	43232	cash	
Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)   Amount	Full Name of Contributor			<u> </u>	Registration Number, if PAC	
1539 Devonhurt Dr.  unknown  O7/28/2019 \$40.00  City  State Zip Code Cash  Form (Cash, Check, Etc Cash  Registration Number, if PAC  Cash  Street Address  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) N/A  State Zip Code Form (Cash, Check, Etc Cash  OH  O7/28/2019  Amount \$5.00  City  State OH  Cash  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount  Street Address  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount  City  State Zip Code Form (Cash, Check, Etc Cash  Cash  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount  Amount  City  State Zip Code Form (Cash, Check, Etc OH  Registration Number, if PAC	Grant Johnson					
City Columbus City Columbus City Columbus City Columbus City Cash State City Columbus	Street Address	Employ	er/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
Columbus  Full Name of Contributor  Cash  Street Address  Employer/Occupation/Labor Organization* N/A  State OH  State OH  State OH  State OH  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 07/28/2019 \$5.00  City  State OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount  Registration Number, if PAC  Form (Cash, Check, Etc Cash  Street Address  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount  Registration Number, if PAC  Full Name of Contributor  Registration Number, if PAC	1539 Devonhurt Dr.	unkno	wn		07/28/2019	\$40.00
Full Name of Contributor  Cash  Street Address  Employer/Occupation/Labor Organization*	City		State	Zip Code	Form (Cash, Check, Etc	
Cash  Street Address  Employer/Occupation/Labor Organization* N/A  State OH  State OH  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount \$5.00  Amount \$5.00  Amount \$5.00  City  State OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount  City  State OH  Form (Cash, Check, Etc Cash  Form (Cash, Check, Etc OH  Registration Number, if PAC  Form (Cash, Check, Etc OH  Registration Number, if PAC	Columbus		он	43232	cash	
Street Address    Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)   Amount   \$5.00	Full Name of Contributor	·	Į.	<u> </u>	Registration Number, if PAC	
City  State OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  State OH  State OH  Registration Number, if PAC  Amount  City  State OH  State OH  Registration Number, if PAC  Registration Number, if PAC  Registration Number, if PAC	Cash					
State OH State OH Form (Cash, Check, Etc cash  Full Name of Contributor Registration Number, if PAC  Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount  City State Zip Code OH Form (Cash, Check, Etc OH Registration Number, if PAC	Street Address	Employ	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Date (MM/DD/YYYY)  Amount  City  State OH  Full Name of Contributor  Registration Number, if PAC  Registration Number, if PAC		N/A			07/28/2019	\$5.00
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  OH  Registration Number, if PAC	City	<u> </u>	State	Zip Code	Form (Cash, Check, Etc	Revision of the second
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount  City State Zip Code Form (Cash, Check, Etc  OH  Full Name of Contributor Registration Number, if PAC			ОН		cash	
City  State Zip Code Form (Cash, Check, Etc OH  Full Name of Contributor  Registration Number, if PAC	Full Name of Contributor		<u> </u>		Registration Number, if PAC	
City  State Zip Code Form (Cash, Check, Etc OH  Full Name of Contributor  Registration Number, if PAC						
Full Name of Contributor  Registration Number, if PAC	Street Address Employer/Occupation/Labor Organiz		ation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
Full Name of Contributor  Registration Number, if PAC						
Full Name of Contributor Registration Number, if PAC	City	•	State	Zip Code	Form (Cash, Check, Etc	
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Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	Full Name of Contributor		<i>'</i>		Registration Number, if PAC	
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount						
	Street Address	Employ	er/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City State Zip Code Form (Cash, Check, Etc	City	<u>-</u>	State	Zip Code	Form (Cash, Check, Etc	

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

<b>Total Contributions</b>	This	Event
\$935.00		

Total Expenditures	This	Event
\$0.00		

Page Total \$	85.00	
g		

<sup>\*</sup> 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)]