



**Independent Expenditures Made by a Campaign Committee,
PAC, Political Party or Legislative Campaign Fund**

Form 31-U
R.C. 3517.105

Full Name of Committee Friends of Meredith Lawson-Rowe				
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY) Amount
City		State OH	Zip Code	
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY) Amount
City		State OH	Zip Code	
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY) Amount
City		State OH	Zip Code	
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY) Amount
City		State OH	Zip Code	
Candidate or Ballot Issue		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		If Candidate, Office Sought
To Whom Paid				
Street Address		Purpose		Date (MM/DD/YYYY) Amount
City		State OH	Zip Code	