



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Meredith Lawson-Rowe				
Full Name of Contributor Yolanda McKinney			Registration Number, if PAC	
Street Address 3093 Hopeland Dr.	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card	
City Powder Springs	State GA	Zip Code 30127	Date (MM/DD/YYYY) 09/14/2019	Amount \$50.00
Full Name of Contributor Carol Beckerle			Registration Number, if PAC	
Street Address 1563 Franklin Park S	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43205	Date (MM/DD/YYYY) 09/21/2019	Amount \$50.00
Full Name of Contributor Arias Heard			Registration Number, if PAC	
Street Address 2524 Mesa Dr.	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 09/28/2019	Amount \$50.00
Full Name of Contributor Nina Keyed			Registration Number, if PAC	
Street Address 8302 Timble Falls Dr.	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 09/22/2019	Amount \$100.00
Full Name of Contributor The Matriots			Registration Number, if PAC OH 1761	
Street Address 2470 E. Main St.	Employer/Occupation/Labor Organization* PAC		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/25/2019	Amount \$350.00

*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)]