



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Meredith Lawson-Rowe				
Full Name of Contributor Deidre La Rue			Registration Number, if PAC	
Street Address 3780 Old Norcross Rd. #103		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card
City Duluth	State GA	Zip Code 30096	Date (MM/DD/YYYY) 08/23/2019	Amount \$25.00
Full Name of Contributor Miechelle Javitch			Registration Number, if PAC	
Street Address 5746 Torrey Pines Ave.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 08/23/2019	Amount \$100.00
Full Name of Contributor Tamara Alexander			Registration Number, if PAC	
Street Address 7938 Windrift Place		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/30/2019	Amount \$25.00
Full Name of Contributor Kimberly Davis			Registration Number, if PAC	
Street Address 2686 Bloom Dr.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 08/30/2019	Amount \$25.00
Full Name of Contributor Dia Taylor			Registration Number, if PAC	
Street Address 3697 Shady Maple Dr.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card
City Lithonia	State GA	Zip Code 30038	Date (MM/DD/YYYY) 08/30/2019	Amount \$250.00

*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)]