



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Meredith Lawson-Rowe				
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) 07/11/2019	Amount \$250.00
Full Name of Contributor Ava Johnson			Registration Number, if PAC	
Street Address 5569 Templar St.	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43232	Date (MM/DD/YYYY) 07/07/2019	Amount \$25.00
Full Name of Contributor Karen Henderson			Registration Number, if PAC	
Street Address 436 Ellison St.	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43203	Date (MM/DD/YYYY) 07/07/2019	Amount \$51.00
Full Name of Contributor Cynthia Porter			Registration Number, if PAC	
Street Address 3696 Barnstead Way	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) cash	
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 07/07/2019	Amount \$30.00
Full Name of Contributor Jean Williams			Registration Number, if PAC	
Street Address 6367 Portsmouth Dr.	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/03/2019	Amount \$25.00

*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)]

Page Total \$381.00