



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Friends of Meredith Lawson-Rowe				
Full Name of Contributor Gloria Redding			Registration Number, if PAC	
Street Address 6157 McNaughten Grove Lane		Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 08/22/2019
City Columbus		State OH	Zip Code 43213	Amount \$25.00
Form (Cash, Check, Etc) check				
Full Name of Contributor Alyce Cook			Registration Number, if PAC	
Street Address 5949 Hickory Brook Way		Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 08/22/2019
City Columbus		State OH	Zip Code 43213	Amount \$25.00
Form (Cash, Check, Etc) check				
Full Name of Contributor Georgia Morgan			Registration Number, if PAC	
Street Address 1590 Hallworth Ct.		Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 08/22/2019
City Columbus		State OH	Zip Code 43232	Amount \$50.00
Form (Cash, Check, Etc) check				
Full Name of Contributor James Smith			Registration Number, if PAC	
Street Address 8334 Priestley Dr.		Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 08/22/2019
City Reynoldsburg		State OH	Zip Code 43068	Amount \$50.00
Form (Cash, Check, Etc) check				
Full Name of Contributor Steven Miller			Registration Number, if PAC	
Street Address 2221 Koebel Rd.		Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 08/22/2019
City Columbus		State OH	Zip Code 43207	Amount \$100.00
Form (Cash, Check, Etc) check				

* 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)]

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

Total Contributions This Event
\$535.00

Total Expenditures This Event
\$197.00

Page Total \$ **250.00**