



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Meredith Lawson-Rowe				
Full Name of Contributor Fred Johnson			Registration Number, if PAC	
Street Address 5556 Stockton Way		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 10/02/2019	Amount \$25.00
Full Name of Contributor Janine Dogan			Registration Number, if PAC	
Street Address 2924 Malibu Dr.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check
City Springfield	State OH	Zip Code 45503	Date (MM/DD/YYYY) 10/10/2019	Amount \$10.00
Full Name of Contributor Sunna Bass			Registration Number, if PAC	
Street Address 3495 Saybrook Rd.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check
City Springfield	State OH	Zip Code 45505	Date (MM/DD/YYYY) 10/09/2019	Amount \$50.00
Full Name of Contributor Cynthia Bass			Registration Number, if PAC	
Street Address P.O. Box 2026		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card
City Westerville	State OH	Zip Code 43086	Date (MM/DD/YYYY) 10/11/2019	Amount \$50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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 \$135.00