



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Meredith Lawson-Rowe				
Full Name of Contributor Suzanne M. Brown			Registration Number, if PAC	
Street Address 7559 Bruns Ct.	Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) check	
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 10/16/2019	Amount \$50.00
Full Name of Contributor Seth Kweisi Amparbeng			Registration Number, if PAC	
Street Address 1226 Caribou Run	Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) check	
City Delaware	State OH	Zip Code 43015	Date (MM/DD/YYYY) 10/20/2019	Amount \$50.00
Full Name of Contributor Yolanda Bumpers			Registration Number, if PAC	
Street Address 2115 Keystone Dr.	Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) credit card	
City Hatfield	State PA	Zip Code 19440	Date (MM/DD/YYYY)	Amount \$40.00
Full Name of Contributor Doyline Williams			Registration Number, if PAC	
Street Address 7266 Doverwood Ct.	Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) credit card	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/27/2019	Amount \$100.00
Full Name of Contributor Sherri Brown			Registration Number, if PAC	
Street Address 4385 Apple Tree Dr.	Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) credit card	
City Stone Mountain	State GA	Zip Code 30083	Date (MM/DD/YYYY) 10/26/2019	Amount \$50.00

*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)]