



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 Georgia Morgan			Registration Number, if PAC	
Street Address 1590 Hallworth Ct.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 03/23/2019	Amount \$25.00
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, Etc) check	
Full Name of Contributor Franklin Davis			Registration Number, if PAC	
Street Address 7972 Fenway Circle	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 03/23/2019	Amount \$25.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Elvin Turner			Registration Number, if PAC	
Street Address 7895 Meadowlark Ln S	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 03/23/2019	Amount \$25.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Renee Shouse			Registration Number, if PAC	
Street Address 2215 S. Main St.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 03/23/2019	Amount \$25.00
City Woodstock	State OH	Zip Code 43084	Form (Cash, Check, Etc) check	
Full Name of Contributor Debbie Dunlap			Registration Number, if PAC	
Street Address 9140 McMahon Ct.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 03/23/2019	Amount \$40.00
City Reynoldsburg	State OH	Zip Code 43068	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
\$695.00

Total Expenditures This Event
\$0.00

Page Total \$ 140.00