



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Meredith Lawson-Rowe				
Full Name of Contributor Carrie Boston			Registration Number, if PAC	
Street Address 85 Iron Ore Ct		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card
City Columbus	State OH	Zip Code 43213	Date (MM/DD/YYYY) 08/30/2019	Amount \$25.00
Full Name of Contributor Amber Hilk			Registration Number, if PAC	
Street Address 8425 Holmesdale Pl.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 08/31/2019	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
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
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)]