



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 Christopher Miller			Registration Number, if PAC	
Street Address 1760 Southern Pkwy	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$50.00
City Springfield	State OH	Zip Code 45506	Form (Cash, Check, Etc) check	
Full Name of Contributor Vancenja Rutherford			Registration Number, if PAC	
Street Address 410 S. Broadmoor Blvd	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$25.00
City Springfield	State OH	Zip Code 45504	Form (Cash, Check, Etc) check	
Full Name of Contributor Peggy Jones			Registration Number, if PAC	
Street Address 524 Mount Vernon Ave.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$25.00
City Springfield	State OH	Zip Code 45503	Form (Cash, Check, Etc) check	
Full Name of Contributor Rosalind Soles			Registration Number, if PAC	
Street Address 1352 Edgar Ave.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$25.00
City Springfield	State OH	Zip Code 45506	Form (Cash, Check, Etc) check	
Full Name of Contributor Leslie Bauknight			Registration Number, if PAC	
Street Address 13657 Mottlestone Dr.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$25.00
City Pickerington	State OH	Zip Code 43147	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
\$935.00

Total Expenditures This Event
\$0.00

Page Total \$ 150.00