



# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Friends of Meredith Lawson-Rowe				
Full Name of Contributor Lisa Thompson			Registration Number, if PAC	
Street Address 3645 Ripley Trail Dr.	Employer/Occupation/Labor Organization* attorney		Date (MM/DD/YYYY) 06/07/2019	Amount \$50.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, Etc) check	
Full Name of Contributor Susan Tappan Williams			Registration Number, if PAC	
Street Address 3281 Long Cove Ct.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 06/07/2019	Amount \$50.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, Etc) check	
Full Name of Contributor Stacie Baker			Registration Number, if PAC	
Street Address 1101 Bergenia Dr.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 06/07/2019	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Jeniffer Quesenberry			Registration Number, if PAC	
Street Address 949 Lancaster Ave.	Employer/Occupation/Labor Organization* school administrator		Date (MM/DD/YYYY) 06/07/2019	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) credit card	
Full Name of Contributor Lisa Jones			Registration Number, if PAC	
Street Address 6644 Rosetree Dr.	Employer/Occupation/Labor Organization* social worker		Date (MM/DD/YYYY) 06/07/2019	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) cash	

\* 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  
**\$330.00**

Total Expenditures This Event  
**\$0.00**

Page Total \$ **250.00**