



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends of Meredith Lawson-Rowe					
Full Name of Contributor Registration Num					er, if PAC
Reynoldsburg Area Democrats					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
P.O. Box 1523	N/A				check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Reynoldsburg	OH	43068	08/20/2019		\$75.00
Full Name of Contributor Registration Number					er, if PAC
Wendy Ford	Ford				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1303 Seminole Ave.	unknown				check
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount
Springfield	он	45506		08/07/2019	\$25.00
Full Name of Contributor	er, if PAC				
Tillman Bauknight					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
13657 Mottleston Dr NW	unknown				check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Pickerington	ОН	43147	08/07/2019 \$25.00		\$25.00
Full Name of Contributor Registration Num					er, if PAC
Trudy Tillman					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1430 Driscoll Ave.	unknown				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Springfield	ОН	45506		08/01/2019	\$25.00
Full Name of Contributor Registration Number					er, if PAC
Emma Holder					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
902 W. Pleasant St.	unknown				check
City	State	Zip Code	Date (MM/DD/YYYY) Amount		
Springfield	ОН	45506		08/06/2019	\$25.00

Page	Total	\$175.00

^{*}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)]