



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Meredith Lawson-Rowe				
Full Name of Contributor Chris Birch			Registration Number, if PAC	
Street Address 1514 Belfaire Lake Trl		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card
City Dacula	State GA	Zip Code 30019	Date (MM/DD/YYYY) 03/14/2019	Amount \$50.00
Full Name of Contributor Joy Medlock			Registration Number, if PAC	
Street Address 2616 S 3 BS and K Rd.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) cash
City Galena	State OH	Zip Code 43021	Date (MM/DD/YYYY) 03/27/2019	Amount \$100.00
Full Name of Contributor Kele Willis			Registration Number, if PAC	
Street Address 2175 Waldorf Rd.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY) 04/13/2019	Amount \$30.00
Full Name of Contributor Regina Pickens			Registration Number, if PAC	
Street Address 6728 Chartridge Ct.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 04/15/2019	Amount \$50.00
Full Name of Contributor Jean Williams			Registration Number, if PAC	
Street Address 6367 Portsmouth		Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 04/17/2017	Amount \$25.00

*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)]

Page Total \$255.00