



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Meredith Lawson-Rowe				
Full Name of Contributor Yolanda McKinney			Registration Number, if PAC	
Street Address 3093 Hopeland Dr.	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card	
City Powder Springs	State GA	Zip Code 30127	Date (MM/DD/YYYY) 07/04/2019	Amount \$50.00
Full Name of Contributor Nichole Thompson			Registration Number, if PAC	
Street Address 4420 Morrison Rd.	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) credit card	
City Powder Springs	State GA	Zip Code 30127	Date (MM/DD/YYYY) 07/06/2019	Amount \$50.00
Full Name of Contributor Wynette Carter Smith			Registration Number, if PAC	
Street Address 115 Wells Dr.	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check	
City Springboro	State OH	Zip Code 45066	Date (MM/DD/YYYY) 08/03/2019	Amount \$100.00
Full Name of Contributor Denise House			Registration Number, if PAC	
Street Address 604 S. Isabella St.	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check	
City Springfield	State OH	Zip Code 45506	Date (MM/DD/YYYY) 07/27/2019	Amount \$25.00
Full Name of Contributor Denise House			Registration Number, if PAC	
Street Address 604 S. Isabella St.	Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check	
City Springfield	State OH	Zip Code 45506	Date (MM/DD/YYYY) 07/27/2019	Amount \$20.00

*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 \$245.00