



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 Priscilla Roberge			Registration Number, if PAC	
Street Address 372 Cumberland Dr.	Employer/Occupation/Labor Organization* retired		Date (MM/DD/YYYY) 03/23/2019	Amount \$50.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, Etc) check	
Full Name of Contributor Central Ohio Art Academy - Donna Boiman			Registration Number, if PAC	
Street Address P.O. Box 209	Employer/Occupation/Labor Organization* art teacher		Date (MM/DD/YYYY) 03/23/2019	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Michaelene Clevenger			Registration Number, if PAC	
Street Address 5000 Deer Run Place	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 03/23/2019	Amount \$50.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, Etc) check	
Full Name of Contributor Pamela Palmer			Registration Number, if PAC	
Street Address P.O. Box 315	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 03/23/2019	Amount \$100.00
City Brice	State OH	Zip Code 43109	Form (Cash, Check, Etc) check	
Full Name of Contributor Lisa Shook			Registration Number, if PAC	
Street Address 572 Hunnicut Dr.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 03/23/2019	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	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
\$695.00

Total Expenditures This Event
\$0.00

Page Total \$350.00