



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 Ved Pyrakurel			Registration Number, if PAC	
Street Address 8465 Reynoldswood Dr.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 04/10/2019	Amount \$25.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) cash	
Full Name of Contributor Mon Phuyel			Registration Number, if PAC	
Street Address 8217 Forest Pointe	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 04/10/2019	Amount \$25.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, Etc) cash	
Full Name of Contributor Teresa Samuel			Registration Number, if PAC	
Street Address 2219 Yellow Pine Ave.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 04/10/2019	Amount \$25.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, Etc) cash	
Full Name of Contributor Ruth Lawson			Registration Number, if PAC	
Street Address 2551 S. Limestone St.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 04/10/2019	Amount \$50.00
City Springfield	State OH	Zip Code 45505	Form (Cash, Check, Etc) check	
Full Name of Contributor Shaneice Rash			Registration Number, if PAC	
Street Address 2625 Bridgestone Dr.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 04/10/2019	Amount \$25.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, Etc) credit card	

* 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
\$175.00

Total Expenditures This Event
\$0.00

Page Total \$150.00