



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 Dorothy Booker			Registration Number, if PAC	
Street Address 315 Rosewood Ave.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$20.00
City Springfield	State OH	Zip Code 45506	Form (Cash, Check, Etc) cash	
Full Name of Contributor Gloria Garrison			Registration Number, if PAC	
Street Address 325 E. John St.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$10.00
City Springfield	State OH	Zip Code 45505	Form (Cash, Check, Etc) cash	
Full Name of Contributor Whitney Briggs			Registration Number, if PAC	
Street Address P.O. Box 254	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$60.00
City Dayton	State OH	Zip Code 45401	Form (Cash, Check, Etc) cash	
Full Name of Contributor Sarah Miller			Registration Number, if PAC	
Street Address 950 S. Alcony Conover	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$75.00
City Troy	State OH	Zip Code 45373	Form (Cash, Check, Etc) cash	
Full Name of Contributor Beth Cherry			Registration Number, if PAC	
Street Address 425 W. Parkwood Ave.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$20.00
City Springfield	State OK	Zip Code 45506	Form (Cash, Check, Etc) cash	

* 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
\$935.00

Total Expenditures This Event
\$0.00

Page Total \$ **185.00**