



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 Colleen Tyler			Registration Number, if PAC	
Street Address 358 Old Ranch Ct.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$15.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, Etc) cash	
Full Name of Contributor Patty Young			Registration Number, if PAC	
Street Address 1441 Noel Dr.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$50.00
City Springfield	State OH	Zip Code 45506	Form (Cash, Check, Etc) cash	
Full Name of Contributor Sheila Rice			Registration Number, if PAC	
Street Address 1703 Longview Dr.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$40.00
City Springfield	State OH	Zip Code 45504	Form (Cash, Check, Etc) cash	
Full Name of Contributor Carlita Williams			Registration Number, if PAC	
Street Address 1892 Clifton Ave.	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 Cynthia Atwater			Registration Number, if PAC	
Street Address 3470 Heatherwood Ave.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 07/28/2019	Amount \$40.00
City Springfield	State OK	Zip Code 45503	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 \$ 155.00