



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 Sara Guiliani			Registration Number, if PAC	
Street Address 2055 Havenswood Place		Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 08/22/2019
City Blacklick		State OH	Zip Code 43004	Amount \$50.00
Form (Cash, Check, Etc) credit card				
Full Name of Contributor LaShondra Tinsley			Registration Number, if PAC	
Street Address P.O. Box 910 Lot 205		Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 08/22/2019
City Columbus		State OH	Zip Code 43216	Amount \$25.00
Form (Cash, Check, Etc) credit card				
Full Name of Contributor Autumn Mitchell			Registration Number, if PAC	
Street Address 8006 Overmont Ridge Rd.		Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 08/22/2019
City Blacklick		State OH	Zip Code 43004	Amount \$35.00
Form (Cash, Check, Etc) credit card				
Full Name of Contributor Andrew Saneholtz			Registration Number, if PAC	
Street Address 7328 San Bonita Dr.		Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 08/22/2019
City Columbus		State OH	Zip Code 43235	Amount \$50.00
Form (Cash, Check, Etc) credit card				
Full Name of Contributor Kristin Bryant			Registration Number, if PAC	
Street Address 387 Cheyenne Way		Employer/Occupation/Labor Organization* attorney - Bryant Law Offices, LLC		Date (MM/DD/YYYY) 08/22/2019
City Reynoldsburg		State OH	Zip Code 43068	Amount \$100.00
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
\$535.00

Total Expenditures This Event
\$197.00

Page Total \$ 260.00