



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Friends of Merisa Bowers						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
PayPal			06/30/2019		51.13	
Street Address	Purpose					
P.O. Box 45950	Fees for June 1 - 30, 2019					
City	State	State Zip Code Check Nur		ck Number		
Omaha	NE	68	145 automatic withdrawal		omatic withdrawal	
To Whom Paid			Date (MM/DD/YYYY) Amount			
PayPal			07/04/2019 49.19			
Street Address	Purpose					
P.O. Box 45950	Fees for July 1 - July 31, 2019					
City	State	Zip	ip Code Ch		neck Number	
Omaha	NE	68	145 au		utomatic withdrawal	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Merisa K. Bowers			08/12/2019 77.23		77.23	
Street Address	Purpose					
363 Higley Court	Snacks for Playdate with Candidate events					
City	State	E Zip Code Chec		ck Number		
Gahanna	ОН	432	13230 b		nk transfer	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
USPS			07/01/2019 30.30		30.30	
Street Address	Purpose					
246 Lincoln Circle Ste. H	Postage					
City	State	Zip	Zip Code		Check Number	
Gahanna	ОН	432	3230		FOMB debit card	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Pies and Pints			08/17/2019 49.83		49.83	
Street Address	Purpose					
4205 Weaverton Lane	Lunch meeting					
City	State	te Zip Code Check Number				
Columbus	ОН	432	3219 FOMB debit card		MB debit card	

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