



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Merisa Bowers				
Full Name of Contributor Merisa K. Bowers			Registration Number, if PAC	
Street Address 363 Higley Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 06/04/2019	Amount 500.00
Full Name of Contributor Ann Flaherty			Registration Number, if PAC	
Street Address 546 Springwood Lake Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 06/06/2019	Amount 25.00
Full Name of Contributor Claudia Khoure-Bowers			Registration Number, if PAC	
Street Address 714 Hunters Glen Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 06/06/2019	Amount 10.00
Full Name of Contributor Jane Messmer			Registration Number, if PAC	
Street Address 403 Sherrow Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Falls Church	State VA	Zip Code 22046	Date (MM/DD/YYYY) 06/06/2019	Amount 20.00
Full Name of Contributor AJ Casey			Registration Number, if PAC	
Street Address 102 Deland Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 06/11/2019	Amount 100.00

*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)]

Page Total 655.00