

## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee						
Friends of Merisa Bowers						
Full Name of Contributor Regi				Registration Number	Registration Number, if PAC	
Robert Dean						
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
449 Allanby Court					PayPal	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Gahanna	ОН	43230	06/28/2019		50.00	
Full Name of Contributor Registration Number					er, if PAC	
Derek Bauman						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1326 Vine Street					PayPal	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Cincinnati	ОН	45202	07/05/2019		50.00	
Full Name of Contributor Registration Number					er, if PAC	
James Bonsall						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1756 Mills Ave Apt 1					PayPal	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Norwood	ОН	45212	07/05/2019		10.00	
Full Name of Contributor Registration Number					er, if PAC	
Thomas Sauter						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3142 Daytona Ave.					PayPal	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Cincinnati	ОН	45202		07/05/2019	5.00	
Full Name of Contributor	ontributor Registration Number					
Sean Gray						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
7770 Norfolk Ave. Apt. 312					PayPal	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Bethesda	MD	20814	07/07/2019		50.00	

Page Total 165.00

<sup>\*</sup>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)]