



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Merisa Bowers				
Full Name of Contributor Tom Grote			Registration Number, if PAC	
Street Address 982 Jaeger Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 08/27/2019	Amount 250.00
Full Name of Contributor Alana Jochum			Registration Number, if PAC	
Street Address 2031 W. 45th Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Cleveland	State OH	Zip Code 44102	Date (MM/DD/YYYY) 08/28/2019	Amount 35.00
Full Name of Contributor John Weaver			Registration Number, if PAC	
Street Address 15 Price Ave., Suite 101		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 08/28/2019	Amount 300.00
Full Name of Contributor Peter Georgiton			Registration Number, if PAC	
Street Address 5535 Caplestone Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 08/29/2019	Amount 100.00
Full Name of Contributor Friends of Connie Pillich			Registration Number, if PAC	
Street Address 9910 Forestglen Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Cincinnati	State OH	Zip Code 45242	Date (MM/DD/YYYY) 08/30/2019	Amount 500.00

*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)]