



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Merisa Bowers				
Full Name of Contributor Christopher Khourey			Registration Number, if PAC	
Street Address 2700 1st Road S.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Arlington	State VA	Zip Code 22204	Date (MM/DD/YYYY) 06/24/2019	Amount 50.00
Full Name of Contributor Cherie Mannino			Registration Number, if PAC	
Street Address 4041 North High Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 06/24/2019	Amount 50.00
Full Name of Contributor Jennifer Nielsen			Registration Number, if PAC	
Street Address 4400 Norwell Drive East		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 06/24/2019	Amount 30.00
Full Name of Contributor Sandra Kurt			Registration Number, if PAC	
Street Address 140 Mayfield Ave,		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Akron	State OH	Zip Code 44313	Date (MM/DD/YYYY) 06/25/2019	Amount 100.00
Full Name of Contributor Daryle Long			Registration Number, if PAC	
Street Address 1329 E. Kemper Rd., #4230A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Cincinnati	State OH	Zip Code 45246	Date (MM/DD/YYYY) 06/23/2019	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)]