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Statement of Contributions Received

Form 31-A

ORC 3517.10

Coul Name of Committee			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Full Name of Committee Friends of Merisa Bowers					
Full Name of Contributor Registration Number					er, if PAC
Christopher Khourey					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2700 1st Road S.	PayPal				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Arlington	VA	22204	10/08/2019		300.00
Full Name of Contributor	Registration Number			er, if PAC	
Miranda Pierce					
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
970 C Quay Ave.	PayPal				
City	State	Zip Code	Date (MM/D	DYYYY)	Amount
Grandview	ОН	43212	10/08/2019		40.00
Full Name of Contributor	Registration Numb			er, if PAC	
Bethany Simunich					
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
97 Van Doren Dr.					PayPal
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Cuyahoga Falls	ОН	44221	10/08/2019		50.00
Full Name of Contributor	Registration Number			er, if PAC	
John Spinelli					
Street Address	Employer/Occupation/Labor Organization* Form				Form (Cash, Check, etc.)
97 Southwind Dr.	PayPal				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	ОН	43230		10/09/2019	100.00
Full Name of Contributor	Registration Number			er, if PAC	
Karen Khourey					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
5730 Pawnee Street N.W.	PayPal				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
North Canton	ОН	44720		10/12/2019 51.00	

*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)]

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