

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E

R.C. 3517.10(B)

Full Name of Committee					
Friends of Merisa Bowers					
Full Name of Contributor	Registration Number, if PAC				
Charles Cooper	, .				
Street Address	Employer	/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
790 Oxford Street	Employer/Occupation/Labor Organization		bonkeabor Organization	07/19/2019	
City	1	State	Zip Code	Form (Cash, Check, Etc	
Worthington	-	OH	43085	PayPal	
Full Name of Contributor			1.0000	Registration Number, if PAC	
Crysta Pennington				registration Number, if FAC	
Street Address	Street Address Employer/Occupation/Labor Or		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
5515 Wolf Run				08/22/2019	100.00
City		State	Zip Code	Form (Cash, Check, Etc	
Gahanna		ОН	43230	check	
Full Name of Contributor	Registration Number, if PAC	A Carlo Carl			
Cynthia Bass					
Street Address	Employer	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
P.O. Box 2026				08/22/2019	50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Westerville	(ОН	43086	check	
Full Name of Contributor	Registration Number, if PAC				
Christopher Cooper					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
81 Mill Street Third Floor				08/22/2019	100.00
City	1 5	State	Zip Code	Form (Cash, Check, Etc	
Gahanna	(ОН	43230	cash	
Full Name of Contributor				Registration Number, if PAC	i i massimus experie i i se sua di se e i i e e e e e e e e e e e e e e e
Ty Gary					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
81 Mill Street Third Floor				08/22/2019	100.00
City		State	Zip Code	Form (Cash, Check, Etc	
Gahanna	(ОН	43230	cash	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	Contributions	This	Event
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Total Expenditures Ti	his Event
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Page 1	Total \$ 400.00	
Page	otal \$	

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)]