



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Merisa Bowers				
Full Name of Contributor Douglas Koppel			Registration Number, if PAC	
Street Address 746 Ridenour Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09/08/2019	Amount 10.00
Full Name of Contributor Dwayne Steward			Registration Number, if PAC	
Street Address 30 Sherman Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43205	Date (MM/DD/YYYY) 09/12/2019	Amount 50.00
Full Name of Contributor Scott Hander			Registration Number, if PAC	
Street Address 37757 Loweswater Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Indio	State CA	Zip Code 92203	Date (MM/DD/YYYY) 09/15/2019	Amount 100.00
Full Name of Contributor Michaela Hahn-Burris			Registration Number, if PAC	
Street Address 1976 Northwest Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/21/2019	Amount 50.00
Full Name of Contributor Ariane Holm			Registration Number, if PAC	
Street Address 6904 S.E. 20th Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Portland	State OR	Zip Code 97202	Date (MM/DD/YYYY) 09/21/2019	Amount 25.00

*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)]