



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Merisa Bowers				
Full Name of Contributor Rebecca Shaw			Registration Number, if PAC	
Street Address 830 Eastchester Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09/21/2019	Amount 100.00
Full Name of Contributor Bill King			Registration Number, if PAC	
Street Address 1431 24th St. N.W.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Canton	State OH	Zip Code 44709	Date (MM/DD/YYYY) 09/25/2019	Amount 200.00
Full Name of Contributor Matriots			Registration Number, if PAC OH 1761	
Street Address 2470 E. Main Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/26/2019	Amount 750.00
Full Name of Contributor Shawn Copeland			Registration Number, if PAC	
Street Address 2430 Indianola Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 4320s	Date (MM/DD/YYYY) 10/01/2019	Amount 100.00
Full Name of Contributor Anonymous contributions (over reporting period)			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 010/12/2019	Amount 236.00

*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)]