



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee				
Friends of Merisa Bowers				
Full Name of Contributor			Registration Number, if PAC	
Merisa K. Bowers				
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
363 Higley Court	Loan Payments Received	06/04/2019		check
City	State	Zip Code		Amount
Gahanna	ОН	43230		500.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code	Zip Code Amount	
	ОН			

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.