

Event Date_	08/16/2019	Page 29

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

Form 31-E R.C. 3517.10(B)

Friends of Merisa Bowers Full Name of Contributor Beryl Piccolantonio Street Address Gahanna Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) O8/16/2019 Amount 150.00 City State Zip Code Form (Cash, Check, Etc Check Full Name of Contributor Joshua Schonauer Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 08/16/2019 Amount 100.00 City State Zip Code Form (Cash, Check, Etc Check Full Name of Contributor Joshua Schonauer Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Registration Number, if PAC Brain Shinn Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Brain Shinn Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount Amount Occupation/Labor Organization* Date (MM/DD/YYYY) Amount Amount Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	Full Name of Committee				······································	
Beryl Piccolantonio Street Address 963 Riva Ridge Blvd City Gahanna City Gahanna Full Name of Contributor Joshua Schonauer Street Address 2 Gold Street, Apt. 22A Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code Check Registration Number, if PAC City State Zip Code OH 43230 Check Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 08/16/2019 100.00 City New York NY 10038 Check Form (Cash, Check, Etc Check Registration Number, if PAC State Registration Number, if PAC Form (Cash, Check, Etc Check Registration Number, if PAC State Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	Friends of Merisa Bowers					
Street Address 963 Riva Ridge Blvd City Gahanna City State City Gahanna City Gahanna City State City Gahanna City Gahanna City State City Street Address City City State City City City State City City City City State City City City City City City City City	Full Name of Contributor			Registration Number, if PAC		
963 Riva Ridge Blvd City Gahanna OH 43230 Check Full Name of Contributor Joshua Schonauer Street Address 2 Gold Street, Apt. 22A City New York Full Name of Contributor State Employer/Occupation/Labor Organization* NY 10038 Employer/Occupation/Labor Organization* Registration Number, if PAC Date (MM/DD/YYYY) Amount 100.00 Registration Number, if PAC State Registration Number, if PAC State Registration Number, if PAC Registration Number, if PAC Brian Shinn Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	Beryl Piccolantonio					
City Gahanna State Zip Code Check Form (Cash, Check, Etc Check Che	Street Address Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount		
Gahanna OH 43230 check Full Name of Contributor Joshua Schonauer Street Address 2 Gold Street, Apt. 22A Employer/Occupation/Labor Organization* 08/16/2019 100.00 City New York Full Name of Contributor Brian Shinn Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 100.00 Registration Number, if PAC Registration Number, if PAC Registration Number, if PAC	963 Riva Ridge Blvd				08/16/2019	150.00
Full Name of Contributor Joshua Schonauer Street Address Gold Street, Apt. 22A Employer/Occupation/Labor Organization* State New York Full Name of Contributor Brian Shinn Registration Number, if PAC Registration Number, if PAC Amount 08/16/2019 100.00 Form (Cash, Check, Etc check NY 10038 Registration Number, if PAC Registration Number, if PAC Registration Number, if PAC Registration Number, if PAC	City	18	State	Zip Code	Form (Cash, Check, Etc	
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 2 Gold Street, Apt. 22A State Zip Code Form (Cash, Check, Etc New York NY 10038 Check Full Name of Contributor Brian Shinn Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	Gahanna OH 4		43230	check	Table 1	
Street Address 2 Gold Street, Apt. 22A City New York Full Name of Contributor Brian Shinn Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount O8/16/2019 100.00 State Zip Code NY 10038 Form (Cash, Check, Etc check Registration Number, if PAC Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	Full Name of Contributor			Registration Number, if PAC		
2 Gold Street, Apt. 22A City New York Full Name of Contributor Brian Shinn Street Address State Zip Code NY 10038 Form (Cash, Check, Etc check Registration Number, if PAC Registration Number, if PAC	Joshua Schonauer					
City New York State NY 10038 Form (Cash, Check, Etc check Registration Number, if PAC Brian Shinn Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	Street Address	Employer/	/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
New York Full Name of Contributor Brian Shinn Street Address Registration Number, if PAC Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	2 Gold Street, Apt. 22A				08/16/2019	100.00
Full Name of Contributor Brian Shinn Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	City	[8	State	Zip Code	Form (Cash, Check, Etc	
Brian Shinn Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	New York		NY	10038	check	
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	Full Name of Contributor		Registration Number, if PAC			
	Brian Shinn					
127 Name Book	Street Address Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount		
137 Moise Road 08/16/2019 50.00	137 Morse Road		08/16/2019	50.00		
City State Zip Code Form (Cash, Check, Etc	City	5	State	Zip Code	Form (Cash, Check, Etc	
Columbus OH 43214 check	Columbus		ОН	43214	check	
Full Name of Contributor Registration Number, if PAC	Full Name of Contributor		Registration Number, if PAC			
Brian Smith	Brian Smith			ı		
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	Street Address Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount		
4739 Riverwood Drive 08/16/2019 50.00	4739 Riverwood Drive				08/16/2019	50.00
City State Zip Code Form (Cash, Check, Etc	City	S	State	Zip Code	Form (Cash, Check, Etc	Salata salat
Hilliard OH 43026 PayPal	Hilliard	(OH	43026	PayPal	
Full Name of Contributor Registration Number, if PAC	Full Name of Contributor		Registration Number, if PAC			
AJ Casey	AJ Casey					
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount	Street Address Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount		
1742 East Broad Street 08/20/2019 100.00	1742 East Broad Street		08/20/2019	100.00		
City State Zip Code Form (Cash, Check, Etc	City	S	State	Zip Code	Form (Cash, Check, Etc	
Columbus OH 43203 PayPal	Columbus OH 43203		PayPal			

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

Total	Expenditures	This	Event

Page Tota	\$ 450.00	

^{*} 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)]