OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Friends of Merisa Bowers

To Whom Paid	Date (MM/DD/YYYY)	Amount
Chloe Inc.	10/01/2019	200.00

Street Address	Purpose
P.O. Box 30241	5K Run Sponsorship

City	State	Zip Code	Check Number
Columbus	OH	43230	check # 26031

To Whom Paid	Date (MM/DD/YYYY)	Amount
PayPal	10/12/2019	20.39

Street Address	Purpose
P.O. Box 45950	Fees for Oct.1 - Oct. 16, 2019

City	State	Zip Code	Check Number
Omaha	NE	68145	automatic withdrawal

To Whom Paid	Date (MM/DD/YYYY)	Amount
Ohio Ethics Committee	10/03/2019	35.00

Street Address	Purpose
30 W Spring St L3	Candidate's mandatory filing

City	State	Zip Code	Check Number
Columbus	OH	43215	FOMB debit card

To Whom Paid	Date (MM/DD/YYYY)	Amount
Fireball Press	10/09/2019	2,588.01

Street Address	Purpose
200 S. Hamilton Road	Print and distribution of mass mailing

City	State	Zip Code	Check Number
Gahanna	OH	43230	FOMB debit card

To Whom Paid	Date (MM/DD/YYYY)	Amount
Claudia Khourey-Bowers	10/03/2019	19.80

Street Address	Purpose
714 Hunters Glen Drive	postage

City	State	Zip Code	Check Number
Gahanna	OH	43230	bank transfer

Page Total $ 2863.20