

Event Date	08/22/2019	Page

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

Form 31-E

Full Name of Committee	··································				N.O. 3317.10(D)
Friends of Merisa Bowers					
Full Name of Contributor				Registration Number, if PAC	
Cynthia Roy				Trogica ation Namber, in Tro	
Street Address	Employer	r/Occupa	tion/Labor Omanization*	Data (MANA/DDAAAAA)	Amount
389 Helmbright Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/22/2019	75.00	
City		State	7:- 0-4-	Form (Cash, Check, Etc	73.00
Gahanna		OH	Zip Code 43230	check	
		On .	43230		
Full Name of Contributor				Registration Number, if PAC	
Anonymous					
Street Address	Employer	Employer/Occupation/Labor Organization*		·	Amount
				08/22/2019	20.00
City		State	Zip Code	Form (Cash, Check, Etc	
		ОН		cash	
Full Name of Contributor			<del></del>	Registration Number, if PAC	
Street Address	Employer	r/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	<u> </u>	State	Zip Code	Form (Cash, Check, Etc	
		ОН			
Full Name of Contributor		·····		Registration Number, if PAC	
				, , , , , , , , , , , , , , , , , , , ,	
Street Address	Employer	r/Occupal	tion/Labor Organization*	Data (MMM/DDAXXXX)	Amount
Olicet Address	Linployer	лоссира	uorveabor Organization	Date (MM/DD/YYYY)	Allount
City	<u> </u>	State	7:- Codo	Farm (Cook Chook Fte	
City	1	OH	Zip Code	Form (Cash, Check, Etc	
· · · · · · · · · · · · · · · · · · ·		On			
Full Name of Contributor				Registration Number, if PAC	
Street Address Employ		loyer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	;	State	Zip Code	Form (Cash, Check, Etc	
		ОН			
* Required for contributions from individuals over \$100	to statewid	le and Ge	eneral Assembly candidate	tes if contributor is self-employe	d the occupation and the

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

<b>Total Contributions</b>	This	<b>Event</b>
495.00		

Tot	al	Expenditures	s This	Event

Page Total \$	95.00	1 , , , , , , , , , , , , , , , , , , ,

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)]