



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Merisa Bowers				
Full Name of Contributor Christine Cozad			Registration Number, if PAC	
Street Address 2628 N. 4th St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 08/16/2019	Amount 100.00
Full Name of Contributor Mellissia Fuhrmann			Registration Number, if PAC	
Street Address 1849 Willoway Cir. N		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/16/2019	Amount 50.00
Full Name of Contributor Bill Hedrick			Registration Number, if PAC	
Street Address 535 West 1st Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/16/2019	Amount 25.00
Full Name of Contributor Robert Hockenberger Jr.			Registration Number, if PAC	
Street Address 8612 Appleridge Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY) 08/16/2019	Amount 50.00
Full Name of Contributor Ryan Jolley			Registration Number, if PAC	
Street Address 80 Shull Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 08/16/2019	Amount 25.00

*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)]