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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee			 		
Friends of Merisa Bowers					!
Full Name of Contributor Registration Number			er, if PAC		
Robert Dean					
Street Address	Employer	r/Occupation/Labor Or	ganization*	<u> </u>	Form (Cash, Check, etc.)
449 Allanby Court					PayPal
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Gahanna	ОН	43230		06/28/2019	50.00
Full Name of Contributor		<u> </u>		Registration Numb	er, if PAC
Derek Bauman					
Street Address	Employer	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			
1326 Vine Street	ĺ				PayPal
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Cincinnati	ОН	45202		07/05/2019	50.00
Full Name of Contributor	Name of Contributor Registration Number, if PAC				er, if PAC
James Bonsali					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
1756 Mills Ave Apt 1					PayPal
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Norwood	ОН	45212			10.00
Full Name of Contributor	<u> </u>			Registration Number	er, if PAC
Thomas Sauter					
Street Address	Employer/Occupation/Labor Organization* Form (Form (Cash, Check, etc.)	
3142 Daytona Ave.					PayPal
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Cincinnati	ОН	45211		07/05/2019	5.00
Full Name of Contributor	utor Regist			Registration Number	er, if PAC
Sean Gray					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
7770 Norfolk Ave. Apt. 312					PayPal
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount
Bethesda	MD	20814		07/07/2019	60.00

175.00

^{*}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)]