



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Merisa Bowers				
Full Name of Contributor Kevin Truitt			Registration Number, if PAC	
Street Address 199 W. Third Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 06/16/2019	Amount 30.00
Full Name of Contributor Bill Hedrick			Registration Number, if PAC	
Street Address 535 W. 1st Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 06/17/2019	Amount 100.00
Full Name of Contributor Genevieve Shaker			Registration Number, if PAC	
Street Address 1013 W. 52nd Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Indianapolis	State IN	Zip Code 46228	Date (MM/DD/YYYY) 06/17/2019	Amount 100.00
Full Name of Contributor Lee Shaker			Registration Number, if PAC	
Street Address P.O. Box 751 SP-COMM		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Portland	State OR	Zip Code 97207	Date (MM/DD/YYYY) 06/18/2019	Amount 150.00
Full Name of Contributor Will Petrik			Registration Number, if PAC	
Street Address 2992 Bremen Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 06/19/2019	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)]