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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 Numb					er, if PAC
Kevin Truitt					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
199 W. Third Ave.	PayPal				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43201	06/16/2019		30.00
Full Name of Contributor	ull Name of Contributor Registration Numb				er, if PAC
Bill Hedrick					
Street Address	Employer	r/Occupation/Labor Or	Form (Cash, Check, etc.)		
535 W. 1st Ave.			check		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43215		06/17/2019	100.00
Full Name of Contributor	, <u>, , , , , , , , , , , , , , , , , , </u>	er, if PAC			
Genevieve Shaker					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1013 W. 52nd Street			PayPal		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Indianapolis	IN	46228	06/17/2019		100.00
Ill Name of Contributor Registration Numb					er, if PAC
Lee Shaker					
Street Address	Employer	/Occupation/Labor Or	Form (Cash, Check, etc.)		
P.O. Box 751 SP-COMM			PayPal		
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Portiand	OR	97207	06/18/2019		150.00
Full Name of Contributor Registration Number					er, if PAC
Will Petrik					
Street Address	Employer	/Occupation/Labor On	Form (Cash, Check, etc.)		
2992 Bremen Street					PayPal
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Columbus	ОН	43224	06/19/2019 25.00		

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Page	otal	405.00	

^{*}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)]