



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Merisa Bowers				
Full Name of Contributor Kathy Willcox			Registration Number, if PAC	
Street Address 385 Howland Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 08/08/2019	Amount 100.00
Full Name of Contributor Robert Poldogar			Registration Number, if PAC	
Street Address 376 E. Deschler		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 08/10/2019	Amount 250.00
Full Name of Contributor Adam Sulewski			Registration Number, if PAC	
Street Address 4200 Cathedral Ave. NW, #717		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Washington	State OH	Zip Code 20016	Date (MM/DD/YYYY) 08/10/2019	Amount 25.00
Full Name of Contributor Jennifer Nielsen			Registration Number, if PAC	
Street Address 4400 Norwell Drive East		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/13/2019	Amount 25.00
Full Name of Contributor Marcia Preston			Registration Number, if PAC	
Street Address 933 Bryn Mawr Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 08/15/2019	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)]