



Statement of Contributions Received

Form 31-A

ORC 3517.10

Ir. Il lama of Committee					
Full Name of Committee					
Friends of Merisa Bowers					
Full Name of Contributor	Full Name of Contributor Registration Number				er, if PAC
Cynthia Bass			ļ		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
P.O. Box 2026	cash				
City	State	Zip Code	Date (MM/Di	D/YYY)	Amount
Westerville	ОН	43088	08/22/2019		50.00
Full Name of Contributor	Registration Numb			Registration Number	er, if PAC
Christopher Cooper			1		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
81 Mill Street, 3rd Floor	cash				
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount
Gahanna	ОН	43230		08/22/2019	100.00
Full Name of Contributor	Registration Number				er, if PAC
Ty Gary			1		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
81 Mill Street, 3rd Floor					cash
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount
Gahanna	ОН	43230	08/22/2019		100.00
Full Name of Contributor	Registration Number				er, if PAC
Crysta Pennington					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
5515 Wolf Run Drive	check				
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount
Gahanna	ОН	43230	08/22/2019		100.00
Full Name of Contributor				Registration Number	er, if PAC
Cynthia Roy			1		
Street Address	Employer	r/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
389 Helmbright Dr.	check				check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	ОН	43230	08/22/2019		75.00

Page Total 425.00	
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^{*}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)]