



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Merisa Bowers				
Full Name of Contributor Amy Harkins			Registration Number, if PAC	
Street Address 56 E. Kanawha Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 06/11/2019	Amount 50.00
Full Name of Contributor Athena Inembolides			Registration Number, if PAC	
Street Address 625 City Park Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 06/11/2019	Amount 100.00
Full Name of Contributor David Singleton			Registration Number, if PAC	
Street Address 6029 Robison Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Cincinnati	State OH	Zip Code 45213	Date (MM/DD/YYYY) 06/11/2019	Amount 250.00
Full Name of Contributor Law Offices of J.S. Pontone			Registration Number, if PAC	
Street Address 532 Union Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Brooklyn	State NY	Zip Code 11215	Date (MM/DD/YYYY) 06/11/2019	Amount 100.00
Full Name of Contributor Olivia Smith			Registration Number, if PAC	
Street Address 123 Boggs Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Cincinnati	State OH	Zip Code 45246	Date (MM/DD/YYYY) 06/12/2019	Amount 50.00

*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)]

Page Total 550.00