



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		
Janet Schwarz			l				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
500 Beaverbrook Dr.					check		
City	State Zip Code Date (MM/DD/YYYY)			Amount			
Gahanna	ОН	43230		08/20/2019	25.00		
Full Name of Contributor		Registration Numb			er, if PAC		
AJ Casey Also on Form	m 3	n 31-E					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1742 East Broad Street	PayPal						
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount		
Columbus	ОН	43203		08/20/2019	100.00		
Full Name of Contributor	Registration Number				er, if PAC		
Robert Dean							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
449 Allanby Court					PayPal		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Gahanna	ОН	43230	08/21/2019		50.00		
Full Name of Contributor	Registration Numb				er, if PAC		
Ann Flaherty							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
546 Springwood Lake	PayPal						
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount		
Gahanna	ОН	43230		08/21/2019	30.00		
Full Name of Contributor Registration Number				er, if PAC			
Charles Liszkay							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
457 Tresham Road	check						
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Gahanna	ОН	43230	08/21/2019 50.00				

Page Total	255.00	

^{*}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)]