



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Merisa Bowers				
Full Name of Contributor Joshua Schonauer			Registration Number, if PAC	
Street Address 2 Gold Street Apt. 22A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New York	State NY	Zip Code 10038	Date (MM/DD/YYYY) 08/16/2019	Amount 100.00
Full Name of Contributor Brian Shinn			Registration Number, if PAC	
Street Address 137 Morse Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 08/16/2019	Amount 50.00
Full Name of Contributor Brian Smith			Registration Number, if PAC	
Street Address 4739 Riverwood Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 08/16/2019	Amount 50.00
Full Name of Contributor Troy Doucet and Assoc.			Registration Number, if PAC	
Street Address 700 Stonehenge Parkway		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 08/19/2019	Amount 50.00
Full Name of Contributor Stephanie Kromer			Registration Number, if PAC	
Street Address 290 Penny Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 08/20/2019	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)]