



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Merisa Bowers				
Full Name of Contributor Michael Khourey			Registration Number, if PAC	
Street Address 5730 Pawnee St. N.W.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City North Canton	State OH	Zip Code 44720	Date (MM/DD/YYYY) 07/29/2019	Amount 500.00
Full Name of Contributor Christopher Khourey			Registration Number, if PAC	
Street Address 2700 1st Rd. South		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Arlington	State VA	Zip Code 22204	Date (MM/DD/YYYY) 07/31/2019	Amount 200.00
Full Name of Contributor Michael Smithson			Registration Number, if PAC	
Street Address 963 N. 6th St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 08/01/2019	Amount 50.00
Full Name of Contributor William Singer			Registration Number, if PAC	
Street Address 77 Bleeker Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New York	State NY	Zip Code 10012	Date (MM/DD/YYYY) 08/07/2019	Amount 100.00
Full Name of Contributor Cynthia Bass			Registration Number, if PAC	
Street Address 356 Howland Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 08/05/2019	Amount 100.00

*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)]