

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kristin Bryant							
Full Name of Contributor Grace Cherrington					Registration Number, if PAC		
Street Address 4018 Courter Rd SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Pataskala	State O H	Zip Code 43062	M 0 8	D 0 2	Y 1 7	Amount 50.00	
Full Name of Contributor Eric Brehm					Registration Number, if PAC		
Street Address 1466 Sedgfield Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City New Albany	State O H	Zip Code 43054	M 0 8	D 0 2	Y 1 7	Amount 50.00	
Full Name of Contributor Beatty for Congress					Registration Number, if PAC C00507368		
Street Address PO Box 172		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43216	M 0 8	D 1 1	Y 1 7	Amount 100.00	
Full Name of Contributor Deborah Dunlap					Registration Number, if PAC		
Street Address 9140 McMahon Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O H	Zip Code 43068	M 0 8	D 1 5	Y 1 7	Amount 50.00	
Full Name of Contributor Christine A Smith					Registration Number, if PAC		
Street Address 8334 Priestley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 8	D 2 3	Y 1 7	Amount 25.00	
Full Name of Contributor Karen L Cruse					Registration Number, if PAC		
Street Address 939 Hillridge Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 8	D 2 3	Y 1 7	Amount 20.00	
Full Name of Contributor Jean M Williams					Registration Number, if PAC		
Street Address 6367 Portsmouth Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 8	D 2 3	Y 1 7	Amount 25.00	
Full Name of Contributor Priscilla Roberge					Registration Number, if PAC		
Street Address 372 Cumberland Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Whitehall	State O H	Zip Code 43213	M 0 8	D 2 3	Y 1 7	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 420.00