

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kristin Bryant							
Full Name of Contributor Michael Rankin					Registration Number, if PAC		
Street Address PO Box 184		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Powell	State O H	Zip Code 43068	M 0 9	D 0 4	Y 1 5	Amount 60.00	
Full Name of Contributor Joy M Beer					Registration Number, if PAC		
Street Address 7056 Lemert Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Revnoldsburg	State O H	Zip Code 43068	M 0 9	D 0 8	Y 1 5	Amount 25.00	
Full Name of Contributor Robert W Crosby Jr					Registration Number, if PAC		
Street Address 1520 Thurell Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43229	M 0 9	D 0 8	Y 1 5	Amount 35.00	
Full Name of Contributor Lawrence E Gauthnev					Registration Number, if PAC		
Street Address 8971 Kingsley Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Revnoldsburg	State O H	Zip Code 43068	M 0 9	D 1 4	Y 1 5	Amount 100.00	
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State I	Zip Code	M 0 9	D 1 7	Y 1 5	Amount 465.00	
Full Name of Contributor Citizens for Bishoff					Registration Number, if PAC		
Street Address 545 E Town St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 3	Y 1 5	Amount 200.00	
Full Name of Contributor IBEW PAC Voluntary Fund					Registration Number, if PAC C00027342		
Street Address 900 Seventh Street NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Washington	State D C	Zip Code 20001	M 1 0	D 0 2	Y 1 5	Amount 500.00	
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City I	State	Zip Code	M 1 0	D 1 4	Y 1 5	Amount 115.00	

* 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)]