

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Kristin Bryant</b>							
Full Name of Contributor <b>Mark A Hummer</b>					Registration Number, if PAC		
Street Address <b>1795 Edgemont Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43212</b>	M <b>1</b>	D <b>0</b>	Y <b>2 4 1 7</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Franklin County Democratic Party</b>					Registration Number, if PAC		
Street Address <b>340 E Fulton St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43215</b>	M <b>1 1</b>	D <b>0 7</b>	Y <b>1 7</b>	Amount <b>1,000.00</b>
Full Name of Contributor <b>Mohamud Abdi Jama</b>					Registration Number, if PAC		
Street Address <b>2270 Perdue Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43211</b>	M <b>1 0</b>	D <b>3 0</b>	Y <b>1 7</b>	Amount <b>50.00</b>
Full Name of Contributor <del>Anonymous Cash Contribution</del> <b>Gaayte Adem</b>					Registration Number, if PAC		
Street Address <b>3544 Derbyshire Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43224</b>	M <b>1 0</b>	D <b>3 0</b>	Y <b>1 7</b>	Amount <b>60.00</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State		Zip Code	M	D	Y	Amount

\* 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 \$ 1,210.00