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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Kristin Bryant Full Name of Contributor			ln.		i icni		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Registration Number, if PAC			
Mark A Hummer Street Address	Ir 1 (0						
	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
1795 Edgemont Rd	<u> </u>	,				Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43212	1 0	2 4	1 7	100.00	
Full Name of Contributor Registration Number, if PAC							
Franklin County Democratic Party							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
340 E Fulton St	<u> </u>					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	111	1017	1 1 7	1,000.00	
Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if PA		
Mohamud Abdi Jama							
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2270 Perdue Ave	. , .				Check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОТН	43211	1 0	3 0		50.00	
Full Name of Contributor		10211					
, , , , , , , , , , , , , , , , , , ,							
Arony hous Cash Contribution, Cacute Hem. Street Address 2544 Dec by shire Dr Employer/Decupation/Labor Organization* Form (Cash, Check, etc.) Cash						Form (Cash, Check, etc.)	
35/11 Dalbuch -	Employer occupation Labor Organization						
City	State	Zip Code	М	D	Y	Cash	
Carlo solo se	State	1210 COL		1 .		Amount	
COLOMIDOS	10^{1}	1 7 2 2 × X X		3 0	1 7	60.00	
Full Name of Contributor Registration Number, if P.					ber, if PA	C	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
					,		
City	State	Zip Code	М	D	Y	Amount	
					į		
Full Name of Contributor Registration Number, if PA					ber, if PA	C	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
]		
Full Name of Contributor	'	<u> </u>	Registra	tion Num	ber, if PA	С	
Street Address	Employer/Occupa	ation/Labor Organization*	<u> </u>		_	Form (Cash, Check, etc.)	
	1	· ·				, , ,	
City	State	Zip Code	М	D	ΙΥ	Amount	
City		Lip Code	"	[1 Dirount	
Full Name of Contributor Registration Number, if PAG							
Registration Number, if PAC							
					Form (Cook Charle -+-)		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		Te: 6 i	T				
City	State	Zip Code	M	D	Y	Amount	
			<u> </u>	<u> </u>			

Page Total \$ 1,210.00

^{*} 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)]