

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kristin Bryant									
Full Name of Contributor IBEW 683 PCE						Registration Number, if PAC PCE			
Street Address 939 Goodale Blvd, Ste 100			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43212		M 0	D 4	Y 2	Amount 500.00
Full Name of Contributor Stonewall Democrats of Central Ohio						Registration Number, if PAC			
Street Address 700 Morse Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43214		M 0	D 4	Y 2	Amount 100.00
Full Name of Contributor Robert Dean						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City		State		Zip Code		M 0	D 4	Y 2	Amount 50.00
Full Name of Contributor Carl P Bryant						Registration Number, if PAC			
Street Address 59 Bryant Davis Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Saint Marys		State W V		Zip Code 26170		M 0	D 4	Y 2	Amount 100.00
Full Name of Contributor Tina Maharath						Registration Number, if PAC			
Street Address 6608 Mountain Ash Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Canal Winchester		State O H		Zip Code 43110		M 0	D 4	Y 2	Amount 50.00
Full Name of Contributor Monica E Hawkins						Registration Number, if PAC			
Street Address 2815 Kingsrowe Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43209		M 0	D 6	Y 0	Amount 50.00
Full Name of Contributor Terry Grace						Registration Number, if PAC			
Street Address 2300 Madison Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Reynoldsburg		State O H		Zip Code 43068		M 0	D 5	Y 1	Amount 25.00
Full Name of Contributor Joshua H Clark						Registration Number, if PAC			
Street Address 178 Hanford St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Columbus		
City Columbus		State O H		Zip Code 43206		M 0	D 5	Y 1	Amount 50.00

* 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)]