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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			_				-
Name of Committee in Full							
Friends of Kristin Brvant							
Full Name of Contributor			Registrat	tion Num!	ber, if PA	С	
John Williams							
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Che	ck, etc.)
6051 Whitney Woods Ct	1					Cash _	
Cir.	State	Zip Code	М	D	Y	Amount	
Columbus	OIL	43213	1 2	014	115		100.00
Full Name of Contributor	<u> </u>	10210		tion Numl		C	
			`				
Revnoldsburg Education PAC	Translaviani Oss	upation/Labor Organization*		-	1	Form (Cash, Che	ck. etc.)
Street Address	Employer/Cec	apanon/Labor Organization				Check	,
PO Box 880	<u>.</u>	- I	1	1 5		Amount	
City	State	Zip Code	M	D	Y	Amount	27.00
Revnoldsburg	011	430 <u>68</u>	111	116	1 5	<u></u>	25.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Anonymous Cash Contribution							
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Che	ck, etc.)
						Cash	
City	State	Zip Code	М	D	Y	Amount	-
, , , , , , , , , , , , , , , , , , ,	1		111	016	115		30.00
Full Name of Contributor				tion Num		C	
					·		
Frances Weiss	IEleveriOse	cupation/Labor Organization*	<u> </u>	_	_	Form (Cash, Che	eck. etc.)
Street Address	Employer/Oct	cupation/Labor Organization					
				T -		Cash	
City	State	Zip Code	M	D	Υ	Amount	10.00
	1		1 1	0 4	1 5	<u></u>	10.00
Full Name of Contributor			Registra	ition Num	ber, if PA	ıC.	
Brie Trbojevic							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)
8980 Ridgeline						Cash	
City	State	Zip Code	M	D	Y	Amount	
1 ·	OIF	43068	1111	014	1115		20.00
Revnoldsburg Full Name of Contributor	101	15000				C	
Stonewall Democrats of Central Ohio	Trumbay or (Oa	evention/Lobor Organization*			_	Form (Cash, Che	ck. etc.)
Street Address	Employer/Occupation/Labor Organization*				Check		
545 E Town St	<u> </u>	Ta: 0.1	TM	D	Y	Amount	
City	State	Zip Code	M				100.00
Columbus	0 1	H 43215	1111	013	1113	<u> </u>	100.00
Full Name of Contributor			Registra	ation Nun	iber, if PA	AC.	
Tonya McCreary Williams	_						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	eck, etc.)		
4956 Arbor Village Dr						Cash	
City	State	Zip Code	M	Ð	Y	Amount	•
1 '	011	H 43214	1110	2 6	115	.]	100.00
Columbus Full Name of Contributor	101	10211		ation Nun			
rui Name of Contributor							
	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Street Address	Employer/Occupation/Labor Organization						
	 	Tr. C. I.		I n	Y	Amount	
City	State	Zip Code	M	D 1	'	, anount	
		l'i a l'i l'a l'a l'i l'a		<u> </u>	1 1		
		10		Accupation	on and the	name of the	

* 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 S	385.00