

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kristin Bryant							
Full Name of Contributor Kennard Haynie					Registration Number, if PAC		
Street Address 4378 Bennington Pond Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Groveport	State O H	Zip Code 43125	M 0	D 2	Y 2	Amount 50.00	
Full Name of Contributor Lisa A jones					Registration Number, if PAC		
Street Address 6644 Rosetree Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 3	Y 0	Amount 40.00	
Full Name of Contributor Carl Fultz					Registration Number, if PAC		
Street Address 11213 Forest Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0	D 3	Y 2	Amount 50.00	
Full Name of Contributor Kelly Cruse					Registration Number, if PAC		
Street Address 6337 Birchview Dr S		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 3	Y 2	Amount 40.00	
Full Name of Contributor Jamie Knue					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City	State	Zip Code	M 0	D 3	Y 1	Amount 20.00	
Full Name of Contributor Pamela Wellman					Registration Number, if PAC		
Street Address 6994 Shaulis Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 4	Y 0	Amount 20.00	
Full Name of Contributor Meredith R Lawson-Rowe					Registration Number, if PAC		
Street Address 2100 Belltree Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 4	Y 0	Amount 20.00	
Full Name of Contributor Jeniffer L Quesenberry					Registration Number, if PAC		
Street Address 949 Lancaster Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 4	Y 0	Amount 20.00	

* 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)]