



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Kristin Bryant				
Full Name of Contributor Shanette Strickland			Registration Number, if PAC	
Street Address 681 Mirand Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 04/17/2018	Amount 25.00
Full Name of Contributor Marie Lenihan			Registration Number, if PAC	
Street Address 1183 Dusk Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 04/17/2018	Amount 30.00
Full Name of Contributor Grace Cherrington			Registration Number, if PAC	
Street Address 4018 Courter Rd SW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Pataskala	State OH	Zip Code 43062	Date (MM/DD/YYYY) 04/17/2018	Amount 20.00
Full Name of Contributor Jean Williams			Registration Number, if PAC	
Street Address 6367 Portsmouth Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 04/17/2018	Amount 25.00
Full Name of Contributor Michael Aaron			Registration Number, if PAC	
Street Address 1118 Lilley Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 04/17/2018	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 also appear. [R.C. 3517.10(B)(4)]

Page Total 150.00