Page 3
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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	-1. NT T.T.	C	Registra	ation Num	iber, if PA	.C	
Delilah Nunez/Law Offices of Delil Street Address		ation/Labor Organization*				Form (Cash, Ch	agli ata)
	Employer/Occup	ation/Labor Organization				Check	eck, etc.)
1170 Old Henderson Rd, Ste 116	State	Zip Code	М	D	ΙΥ	Amount	
Columbus	OH	43220	0.7	1	1	Amount	50.00
Full Name of Contributor		10220			ber, if PA	C	30.00
Deborah Dunlap					,		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
6140 McMahon Court	, , , , , , , , , , , , , , , , , , , ,					Check	
City	State	Zip Code	М	D	Y	Amount	
Reynoldsburg	ОН	43068	0 7	0 3	1 7		25.00
Full Name of Contributor					ber, if PA	.c	
Leonardo Almeida							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
3862 Abbie Lakes Dr						Check	_
City	State	Zip Code	М	D	Y	Amount	
Canal Winchester	ОН	43110	0 7	0 3	1 7		15.00
Full Name of Contributor	<u> </u>		Registra	ation Num	ber, if PA	.C	
Michael L Silberstein							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
1093 Fountain Ln, Apt D						Check	
City	State	Zip Code	M _	D	Y	Amount	0 F 00
Columbus	O H	43213	0.7				25.00
Full Name of Contributor			Registra	ation Num	ber, if PA	i.C	
Janet A Grubb Street Address	Employed Occupation (Lok or Occupation)			Form /Cach Ch	aalc ata)		
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
5277 Infinity Ct	State	Zip Code	М	D	Y	Amount	
Grove City	ОН	43123	0 7	i		, mount	50.00
Full Name of Contributor		10120			ber, if PA	C	50.00
Billy R Hedrick							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
535 W 1st Ave						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	ОН	43215	0 7	0_3	1 7		75.00
Full Name of Contributor		<u> </u>			ber, if PA		
Kristin E McKinley							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
3656 Cannongate Dr						Check	
City	State	Zip Code	M	D	Y _	Amount	50.00
Columbus	O H	43228	0 7			<u> </u>	50.00
Full Name of Contributor			Registra	ation Nurr	ber, if PA	vC.	
Jean M Williams	IF 1 10	all				Form (Cost Ct	oak ata \
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
6367 Portsmouth Dr	C+-+-	7in Code	M	D	Y	Check_	
City Paragal delacage	State H	Zip Code	- 1	$\begin{bmatrix} 0 \\ 3 \end{bmatrix}$	Į.	Amount	25.00
Reynoldsburg	OH	43068	0 7	10:3	 <u> </u>	<u> </u>	29.00

* 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)]

Page Total \$	315.00