



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Kristin Bryant				
Full Name of Contributor James Smith			Registration Number, if PAC	
Street Address 8334 Priestley Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/23/2018	Amount 25.00
Full Name of Contributor Christopher Marlow Shook			Registration Number, if PAC	
Street Address 572 Hunnicut Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/23/2018	Amount 75.00
Full Name of Contributor Doucet for the People			Registration Number, if PAC	
Street Address 545 E Town St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 02/23/2018	Amount 150.00
Full Name of Contributor Debbie Kanable			Registration Number, if PAC	
Street Address 1731 Haft Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/09/2018	Amount 50.00
Full Name of Contributor Karen Cruse			Registration Number, if PAC	
Street Address 989 Hillridge Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/09/2018	Amount 10.00

*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)]