



# Statement of Contributions Received

Form 31-A

ORC 3517.10

|                                                              |                    |                                                |                                        |                                          |
|--------------------------------------------------------------|--------------------|------------------------------------------------|----------------------------------------|------------------------------------------|
| <b>Full Name of Committee</b><br>Friends of Kristin Bryant   |                    |                                                |                                        |                                          |
| <b>Full Name of Contributor</b><br>Nicodemus for Trustee     |                    |                                                | <b>Registration Number, if PAC</b>     |                                          |
| <b>Street Address</b><br>1146 Carrousel Dr E                 |                    | <b>Employer/Occupation/Labor Organization*</b> |                                        | <b>Form (Cash, Check, etc.)</b><br>Check |
| <b>City</b><br>Reynoldsburg                                  | <b>State</b><br>OH | <b>Zip Code</b><br>43068                       | <b>Date (MM/DD/YYYY)</b><br>05/04/2018 | <b>Amount</b><br>100.00                  |
| <b>Full Name of Contributor</b><br>Michael Sexton            |                    |                                                | <b>Registration Number, if PAC</b>     |                                          |
| <b>Street Address</b><br>984 Highland St                     |                    | <b>Employer/Occupation/Labor Organization*</b> |                                        | <b>Form (Cash, Check, etc.)</b><br>Check |
| <b>City</b><br>Columbus                                      | <b>State</b><br>OH | <b>Zip Code</b><br>43201                       | <b>Date (MM/DD/YYYY)</b><br>04/17/2018 | <b>Amount</b><br>100.00                  |
| <b>Full Name of Contributor</b><br>Christopher Marlowe Shook |                    |                                                | <b>Registration Number, if PAC</b>     |                                          |
| <b>Street Address</b><br>572 Hunnicut Dr                     |                    | <b>Employer/Occupation/Labor Organization*</b> |                                        | <b>Form (Cash, Check, etc.)</b><br>Check |
| <b>City</b><br>Reynoldsburg                                  | <b>State</b><br>OH | <b>Zip Code</b><br>43068                       | <b>Date (MM/DD/YYYY)</b><br>04/17/2018 | <b>Amount</b><br>40.00                   |
| <b>Full Name of Contributor</b><br>Stacie Baker              |                    |                                                | <b>Registration Number, if PAC</b>     |                                          |
| <b>Street Address</b><br>1101 Bergenia Dr                    |                    | <b>Employer/Occupation/Labor Organization*</b> |                                        | <b>Form (Cash, Check, etc.)</b><br>Check |
| <b>City</b><br>Reynoldsburg                                  | <b>State</b><br>OH | <b>Zip Code</b><br>43068                       | <b>Date (MM/DD/YYYY)</b><br>04/17/2018 | <b>Amount</b><br>40.00                   |
| <b>Full Name of Contributor</b><br>Dennis Roberge            |                    |                                                | <b>Registration Number, if PAC</b>     |                                          |
| <b>Street Address</b><br>372 Cumberland Dr                   |                    | <b>Employer/Occupation/Labor Organization*</b> |                                        | <b>Form (Cash, Check, etc.)</b><br>Check |
| <b>City</b><br>Whitehall                                     | <b>State</b><br>OH | <b>Zip Code</b><br>43213                       | <b>Date (MM/DD/YYYY)</b><br>04/17/2018 | <b>Amount</b><br>25.00                   |

\*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)]