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Page	8

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
	· DAG		
Reynoldsburg Area Democr			-
Kristin Bryant	Employer, Oc	cupation, Labor Organization *	Registration Number, if PAC
Street Address			
387 Cheyenne Way	Description of	Item or Service	M D Y Fair Market Value
City		Advertising	0 1 3 1 1 8 3.4
Reynoldsburg	State	Zip Code	Received at Fundraising Event?
Full Name of Contributor	<u> </u>	2000	☐ YES ✓ NO
Kristin Bryant	Employer, Occ	cupation, Labor Organization *	Registration Number, if PAC
Street Address	D		
387 Cheyenne Way		Item or Service	M D Y Fair Market Value
City		vent Expense	0 2 1 3 1 8 43.4
Reynoldsburg	State	Zip Code	Received at Fundraising Event?
Full Name of Contributor	O H		✓ YES NO
Kristin Bryant	Employer, Occ	supation, Labor Organization *	Registration Number, if PAC
Street Address	Description of		
387 Cheyenne Way		Item or Service	M D Y Fair Market Value
City		vent Expense	0 2 1 3 1 8 109.6
Reynoldsburg	State	Zip Code	Received at Fundraising Event?
Full Name of Contributor	O H		✓ YES NO
Kristin Bryant	Employer, Occi	upation, Labor Organization *	Registration Number, if PAC
Street Address	Description of I		
387 Cheyenne Way	Description of I		M D Y Fair Market Value
City		Advertising	0 2 2 8 1 8 16.6
Reynoldsburg	State	Zip Code	Received at Fundraising Event?
Full Name of Contributor	O H		YES VNO
Kristin Bryant	Employer, Occi	upation, Labor Organization *	Registration Number, if PAC
Street Address	Description of I		<u> </u>
387 Cheyenne Way			M D Y Fair Market Value
City	State EV	vent Expense Zip Code	0 4 0 2 1 8 105.6
Reynoldsburg	- H	, ·	Received at Fundraising Event?
Full Name of Contributor		43068 upation, Labor Organization *	✓ YES NO
	Linployer, Occu	pation, Labor Organization *	Registration Number, if PAC
Street Address	Description of It	tom or Comica	
		em or service	M D Y Fair Market Value
City	State	Zip Code	
	Since	Zip Code	Received at Fundraising Event?
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	YES NO
	Disployer, Occup	pation, Labor Organization	Registration Number, if PAC
Street Address	Description of It	am a- Canica	
	Description of the	em or Service	M D Y Fair Market Value
City	State	Zip Code	
	State	Zip Code	Received at Fundraising Event?
full Name of Contributor	Employer Occur	pation, Labor Organization *	YES NO
	Zimpioyor, Coou	ation, Labor Organization	Registration Number, if PAC
street Address	Description of Ite	om or Carrica	V D V D V
	Josephon J. III	an of Service	M D Y Fair Market Value
City	State	Zip Code	D : 147 1 : : 7 .0
		Zip Code	Received at Fundraising Event?
			I I I I I I I I I I I I I I I I I I I

Page Total \$ 278.72	Page Total \$	278.72
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^{*} 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)]