



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Kristin Bryant				
Full Name of Contributor Charles E Kirk			Registration Number, if PAC	
Street Address 6790 Tanya Ter		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 04/02/2019	Amount 100.00
Full Name of Contributor Meredith R Rowe			Registration Number, if PAC	
Street Address 2100 Belltree Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 04/02/2019	Amount 50.00
Full Name of Contributor Karen L Cruse			Registration Number, if PAC	
Street Address 989 Hillridge Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 20.00
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 04/02/2019	Amount
Full Name of Contributor Priscilla Roberge			Registration Number, if PAC	
Street Address 372 Cumberland Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Whitehall	State OH	Zip Code 43213	Date (MM/DD/YYYY) 04/02/2019	Amount 49.00
Full Name of Contributor Jean M Williams			Registration Number, if PAC	
Street Address 6367 Portsmouth Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 04/02/2019	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 269.00