Page 6
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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

No. 100 P. In It B.							
Name of Committee in Full  Exicands of Variation Present							
Friends of Kristin Bryant Full Name of Contributor	[r]	and a tale of a tale of	ID.	37	1 :cn	•6	
	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Kristin Bryant	72		<del>                                     </del>		1	The same of the same	
Street Address	Description of Item or Service		M	D	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Fair Market Value	4 / =
387 Cheyenne Way	Postage		0 4 2 8 1 7 1.65  Received at Fundraising Event?				
City	State	Zip Code	Receive	7	Iraising E		
Reynoldsburg	O H 43068		UYES ✓NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Kristin Bryant							
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
387 Cheyenne Way	Advertising		04	3 0	1 7	<u>'</u>	8.06
City	State Zip Code		Received at Fundraising Event?				
Reynoldsburg	lo H	43068		YES		NO	
Full Name of Contributor		pation, Labor Organization *	Registra	ation Nun	ber, if P	AC	
{		•	1				
Street Address	Description of I	tem or Service	М	D	ΙΥ	Fair Market Value	
		••••		-	-		
City	State	Zip Code	Receive	d at Fund	Iraicina E	Event?	
City	State	Zip Code	I COUNTY	YES	naising L	Пис	
F. II N CC	Fl- O	pation, Labor Organization *	B		L CD		
Full Name of Contributor	Employer, Occi	Registration Number, if PAC					
				T -		T	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
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City	State	Zip Code	Receive	d at Fund	Iraising E	_	
				YES	_	∐NC	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	lraising E	Vent <sup>9</sup>	
, in the second		'		YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
1			`				
Street Address	Description of I	tem or Service	M	D	ΙΥ	Fair Market Value	
Address Tadaress	Description of .		'''	-			
City	State	Zip Code	Paggiva	d at Fund	Irnicina E	1 Vent?	
City	State	Zip Code	Receive	YES	naisnig L	Пио	
P. H. Y. CO T.	F 1 0			-	ı cn		
Full Name of Contributor	Employer, Occi	ipation, Labor Organization *	Registra	ation Nun	iber, if Pa	AC	
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Street Address	Description of I	tem or Service	M	D	Y	Fair Market Value	
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City	State	Zip Code	Receive	d at Fund	lraising E	_	
	Į			YES		NC	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ation Nun	iber, if P.	AC	
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value	
					1		
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
l <sup>*</sup>				YES	-	NO	
		<u> </u>					

Page Total \$	9.71

<sup>\*</sup> 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)]