

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kristin Bryant							
Full Name of Contributor Karen L Cruse					Registration Number, if PAC		
Street Address 989 Hillridge Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 4	Y 0	Amount 20.00	
Full Name of Contributor Debbie J Kanable					Registration Number, if PAC		
Street Address 1731 Haft Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 4	Y 0	Amount 30.00	
Full Name of Contributor Dorothy K Low					Registration Number, if PAC		
Street Address 1963 Destin Pl N		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 4	Y 0	Amount 30.00	
Full Name of Contributor Lynn M Ogden					Registration Number, if PAC		
Street Address 6652 Eastland Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0	D 4	Y 0	Amount 47.00	
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 O H	Zip Code 43213	M 0	D 4	Y 0	Amount 47.00	
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 O H	Zip Code 43068	M 0	D 4	Y 0	Amount 47.00	
Full Name of Contributor Carla Fultz					Registration Number, if PAC		
Street Address 11213 Forest Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0	D 4	Y 0	Amount 47.00	
Full Name of Contributor James H Smith					Registration Number, if PAC		
Street Address 8334 Priestly Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 4	Y 0	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 appear. [R.C. 3517.10(B)(4)]