Page	<u>3</u>	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

N. CO. Strait Pull						
Name of Committee in Full						
Friends of Kristin Bryant			Registrat	ion Numb	er, if PA	c
Full Name of Contributor					,	
Jennifer Brunner	Empleyer/Ores	oation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Employer/Occup	pation/Labor Organization				Credit Card
35 N Fourth Street, Suite 200		72. 0.1.	М	D	Y	Amount
City Co. 1	State O H	Zip Code 43215	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$	1 5	115	75.00
Columbus		43213		ion Numb		
					,	
Tanikka Price	Ir. 1	pation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	EmployenOccu	pation/Labor Organization				Credit Card
2899 Templeton Road		Tay or t		Ð	Y	Amount
City	State	Zip Code	M			100.00
Columbus	<u> </u>	43209	1 0		1 5	
Full Name of Contributor			Registrat	tion Numl	xer, ii PA	C
Tracev Wessner						n (0 1 0 1 1 1 1
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
775 Tricolor Drive						Credit Card
City	State	Zip Code	M	D	Y	Amount
Revnoldsburg	O H	43068		310		100. <u>00</u>
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .
Street Address	Employer/Occu	pation/Labor Organization*	<u>b</u>			Form (Cash, Check, etc.)
	State	Zip Code	М	D	Y	Amount
City	June	2.5 000	l i	1	li	
			Registra	tion Num	ber, if PA	ıc
Full Name of Contributor						
	Employer/Occu	mation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
		Tr. Cada	М	D	Y	Amount
City	State	Zip Code	"			, 2333
	<u>_</u>		Penistra	tion Num	her if P	
Full Name of Contributor			IXCEISILE	ition i vaii	o., ,, ,, ,,	
	F	-ation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	ddress Employer/Occupation/Labor Organization* Form (Cash, Check, e			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		2:- 0-4-	М	Ð	Y	Amount
City	State	Zîp Code	"		Ι'n	, and an
			Di star	ation Num	her if D	
Full Name of Contributor			Kegisti	ation Nun	iber, ii i z	
	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Zanpioyen oet					
	State	Zip Code	M	T D	Y	Amount
City	Jake	Lip cour		l i	1 1	
	!		Registr	ation Nun	iber, if P	AC
Full Name of Contributor			,			
	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
Street Address	S Employer/Occupation/Labor Organization					
		7:- Cal-		T D	ΙΥ	Amount
City	State	Zip Code	"			I
			1 1	<u> </u>	<u> </u>	name of the

* 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)}

Page Total S	275.00