

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kristin Bryant							
Full Name of Contributor Matthew Jolson					Registration Number, if PAC		
Street Address 1358 Cambridge Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 6	Y 2	Amount 50.00	
Full Name of Contributor Bernadine K Kent					Registration Number, if PAC		
Street Address 3148 Oak Spring St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43219	M 0	D 7	Y 0	Amount 100.00	
Full Name of Contributor Jeremy Eugene Blake					Registration Number, if PAC		
Street Address 71 Gainor Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Newark	State O H	Zip Code 43055	M 0	D 7	Y 0	Amount 100.00	
Full Name of Contributor Maryellen O'Shaughnessy					Registration Number, if PAC		
Street Address 1324 Lake Shore Dr, Apt C		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0	D 7	Y 0	Amount 100.00	
Full Name of Contributor Russell Goodwin					Registration Number, if PAC		
Street Address 376 Binns Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0	D 7	Y 0	Amount 75.00	
Full Name of Contributor Troy J Doucet					Registration Number, if PAC		
Street Address 700 Stonehenge Pkwy, 2B		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 0	Amount 50.00	
Full Name of Contributor Shawn Dingus/Plymale & Dingus LLC					Registration Number, if PAC		
Street Address 250 Civic Center Dr, Ste 600		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 7	Y 0	Amount 100.00	
Full Name of Contributor Ira B Sully					Registration Number, if PAC		
Street Address 844 S Front St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 7	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)]