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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Kristin Bryant							
Full Name of Contributor			Regis	tration	Numt	er, if PA	С
Tonya McCreary Williams							
Street Address	Employer/Occ	upation/Labor Organization	on*				Form (Cash, Check, etc.)
6842 Piccadily Place							Credit Card
City Ticcutify Fidec	State	Zip Code	M	ī)	Y	Amount
Columbus	OIE	. -	101	9 0	17	1 5	200.00
Full Name of Contributor	1	20				er, if PA	
Merisa Bowers							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Chec				Form (Cash, Check, etc.)		
363 Higley Court	' '	,					Credit Card
City	State	Zip Code	М	1	D .	Y	Amount
Gahanna	011		101	9 1	14	1 5	100.00
Full Name of Contributor	101-	45250				рет, if PA	
Full Name of Conditionor						,	
Street Address	Employer/Occ	upation/Labor Organizati	on*			-	Form (Cash, Check, etc.)
Succe Addition	an proyer of						, , ,
City	State	Zip Code		Ti	Ď	Y	Amount
Cuy	l state	Zap code			1	1	
E UNI COLUMNIA			Remi	tration	Numl	per, if PA	.c
Full Name of Contributor			Incg.	danoa	. 1(222)		
Company and the second	Employer/Occ	upation/Labor Organizati	on*				Form (Cash, Check, etc.)
Street Address	Employer/Occ	upanon Lacor Organizati	0.1				0 (0
	State	Tin Code		1 1	D	Y	Amount
City	State	Zip Code	";	'	ı	;	Anomi
			i		Name	ber, if PA	<u> </u>
Full Name of Contributor			Kegi	MANION	1/0111	uci, ii r A	ac .
<u> </u>							If- (Coch Check etc.)
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
		la a		<u> </u>		T 1/2	
City	State	Zip Code	M	'	D	Y	Amount
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Full Name of Contributor			Regi	stration	Num	ber, if PA	AC .
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Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
City	State	Zip Code	M ₁		D	Y	Amount
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Full Name of Contributor			Regi	stration	Num	ber, if PA	AC .
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Street Address	dress Employer/Occupation/Labor Organization* Form (Cash, Check, etc.					Form (Cash, Check, etc.)	
City	State	Zip Code	M	- 1	D	Y	Amount
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Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			Form (Cash, Check, etc.)			
1							
City	State	Zip Code	M		D	Y	Amount
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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)]

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