



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Kristin Bryant				
Full Name of Contributor Jeniffer Quesenberry			Registration Number, if PAC	
Street Address 949 Lancaster Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/09/2018	Amount 25.00
Full Name of Contributor Arthur Clausen			Registration Number, if PAC	
Street Address 4018 Courter Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Pataskala	State OH	Zip Code 43062	Date (MM/DD/YYYY) 02/09/2018	Amount 50.00
Full Name of Contributor Eileen Paley			Registration Number, if PAC	
Street Address 668 Bellamy Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43213	Date (MM/DD/YYYY) 02/09/2018	Amount 50.00
Full Name of Contributor Richard Brown			Registration Number, if PAC	
Street Address 7559 Bruns Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 02/09/2018	Amount 50.00
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 OH	Zip Code 43055	Date (MM/DD/YYYY) 02/09/2018	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 also appear. [R.C. 3517.10(B)(4)]