

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Kristin Bryant</b>							
Full Name of Contributor <b>Kyle Strickland</b>					Registration Number, if PAC		
Street Address <b>91 W Starr Ave, Apt F</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43201</b>	M <b>0</b>	D <b>6</b>	Y <b>2 1 1 7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Robert Dean</b>					Registration Number, if PAC		
Street Address <b>449 Allanby Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Gahanna</b>	State <b>O H</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>6</b>	Y <b>2 6 1 7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Brandon Barcus</b>					Registration Number, if PAC		
Street Address <b>1576 Safford Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43223</b>	M <b>0</b>	D <b>7</b>	Y <b>0 1 1 7</b>	Amount <b>95.00</b>	
Full Name of Contributor <b>Anahi Ortiz</b>					Registration Number, if PAC		
Street Address <b>7727 Sudbrook Sq</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>New Albany</b>	State <b>O H</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>8</b>	Y <b>2 0 1 7</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Merisa Bowers</b>					Registration Number, if PAC		
Street Address <b>400 S Fifth St, Ste 101</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>8</b>	Y <b>3 0 1 7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Deneese Owens</b>					Registration Number, if PAC		
Street Address <b>2581 Sherwood Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Bexley</b>	State <b>O H</b>	Zip Code <b>43209</b>	M <b>1</b>	D <b>0</b>	Y <b>0 4 1 7</b>	Amount <b>50.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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 \$ 395.00