

# 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>Beverly J Conner/BJ Conner LPA</b>						Registration Number, if PAC			
Street Address <b>5918 Sharon Woods Blvd, Ste 100</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43229</b>		M <b>0   3</b>	D <b>3   0</b>	Y <b>1   5</b>	Amount <b>300.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b> </b>	Zip Code		M <b>0   4</b>	D <b>0   2</b>	Y <b>1   5</b>	Amount <b>1,100.00</b>	
Full Name of Contributor <b>Robert L Sigler</b>						Registration Number, if PAC			
Street Address <b>4586 Cow Creek Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>St Marvs</b>		State <b>W   V</b>	Zip Code <b>26170</b>		M <b>0   4</b>	D <b>1   7</b>	Y <b>1   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Columbus/Central Ohio Building Trades Council-Education Fund</b>						Registration Number, if PAC <b>PCE</b>			
Street Address <b>555 E Rich St, Rm 2177</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>		M <b>0   4</b>	D <b>1   7</b>	Y <b>1   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b> </b>	Zip Code		M <b>0   5</b>	D <b>1   7</b>	Y <b>1   5</b>	Amount <b>225.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b> </b>	Zip Code		M <b>0   5</b>	D <b>2   1</b>	Y <b>1   5</b>	Amount <b>805.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b> </b>	Zip Code		M <b>0   6</b>	D <b>2   0</b>	Y <b>1   5</b>	Amount <b>120.00</b>	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b> </b>	Zip Code		M <b> </b>	D <b> </b>	Y <b> </b>	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 \$ 2,700.00