Page <u>3</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Kristin Bryant							
Full Name of Contributor				Registration Number, if PAC			
Beverly J Conner/BJ Conner LPA		_				<u></u>	
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)	
5918 Sharon Woods Blvd, Ste 100	1					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43229	013	3 0	1 5	300.00	
Full Name of Contributor			Registrati	ion Numb	er, if PA	c Table 1	
Contributions from Form 31-E			_				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Υ - I -	Amount	
			0 4	0 2	1 5	1,100.00	
till Name of Contributor Registration Number, if P						C	
Robert L Sigler					_	Town (Cook Charles and	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
4586 Cow Creek Rd			1			_Check	
City	State	Zip Code	M	D ₁ l →	Y 11-	Amount	
St Marvs	<u>W V</u>	26170	0 4	1 7	1 5	100.00	
Full Name of Contributor Registration Number, if PA						C	
Columbus/Central Ohio Building Tr	ades Counci	l-Education Fund	PCF		_	Form (Cash, Check, etc.)	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*					
555 E Rich St, Rm 2177		Te: 0.1	1 34 1	D	Y	Check	
City	State H	Zip Code	M	ט 1 7	1 5	50.00	
Columbus	OIH	43215	0 4	ion Numl			
Full Name of Contributor			Registrat	, топ топп	er, ii i A		
Contributions from Form 31-E	IElever(Occur)	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization					
	State	Zip Code	M	D	Y	Amount	
City	Jane	Zip Code		117	1 5	225.00	
5 N.V. 60				tion Num			
Full Name of Contributor							
Contributions from Form 31-E Street Address	Employer/Occupation/Labor Organization*				_	Form (Cash, Check, etc.)	
Street Address	Employer/occup	ation of games					
City	State	Zip Code	М	D	Y	Amount	
City	1		1015	2 1	115	805.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
Contributions from Form 31-E			١				
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
ancer results	' ' ' ' ' ' ' '						
City	State	Zip Code	М	D	Y	Amount	
		()	016	210	1 5	120.00	
Full Name of Contributor Registration Number, if PA							
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
*	1 1					<u> </u>	
1.5	annual accombly says	idates. If contributor is self-en	ployed the o	occupation	and the	name of the	

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