

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kristin Bryant													
Full Name of Contributor Christopher M Shook						Registration Number, if PAC							
Street Address 572 Hunnicut Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Reynoldsburg		State O H		Zip Code 43068		M 0 4		D 0 6		Y 1 7		Amount 100.00	
Full Name of Contributor Gail Falkinburg						Registration Number, if PAC							
Street Address 1439 Noe Bixby Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43232		M 0 4		D 0 6		Y 1 7		Amount 100.00	
Full Name of Contributor Citizens to Elect Mike Shadek						Registration Number, if PAC							
Street Address 1537 Guilford Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43221		M 0 4		D 0 6		Y 1 7		Amount 100.00	
Full Name of Contributor Tanikka Price						Registration Number, if PAC							
Street Address 2899 Templeton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Columbus		State O H		Zip Code 43209		M 0 4		D 0 9		Y 1 7		Amount 65.00	
Full Name of Contributor Merisa Bowers						Registration Number, if PAC							
Street Address 363 Higley Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Gahanna		State O H		Zip Code 43230		M 0 4		D 0 9		Y 1 7		Amount 25.00	
Full Name of Contributor Margaret Mary Luzny						Registration Number, if PAC							
Street Address 486 Waggoner Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Reynoldsburg		State O H		Zip Code 43068		M 0 4		D 1 1		Y 1 7		Amount 20.00	
Full Name of Contributor LeAnna Harris						Registration Number, if PAC							
Street Address 8765 Canada Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Reynoldsburg		State O H		Zip Code 43068		M 0 4		D 1 1		Y 1 7		Amount 20.00	
Full Name of Contributor Olivia Singletary						Registration Number, if PAC							
Street Address 1137 E 19th Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Columbus		State O H		Zip Code 43211		M 0 4		D 1 1		Y 1 7		Amount 20.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 450.00