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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Kristin Bryant								
Full Name of Contributor				Pagistration Number if PAC				
Kimberly F Haynie Street Address	Empleyer/Orang	ation/Labor Organization*	Щ			Form (Cash, Check, etc.)		
	Employer/Occup	atton/Labor Organization				·		
4378 Bennington Pond Dr		I	T			Check		
City	State	Zip Code	M	D	Y	Amount		
Groveport	ОН	43125	0 5	1 1	1 7	100.00		
Full Name of Contributor	ber, if PA	C						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor	ber, if PA	C						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
				!				
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
Simply of Occupation Page 1						,		
City	State	Zip Code	M	D	Y	Amount		
City	State	Zip Code	"		1			
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
run Name of Contributor								
Street Address				Form (Cash, Check, etc.)				
Silect Address	Employer/Occup				Torin (Cash, Check, etc.)			
0:	Cu	7: 6.1	1.	I b	TV	A		
City	State	Zip Code	M	D	Y	Amount		
		l	<u> </u>		i co	<u></u>		
Full Name of Contributor	iber, if PA	C						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
				<u> </u>				
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
			1					
Full Name of Contributor	C							
Street Address				Form (Cash, Check, etc.)				
Street Address Employer/Occupation/Labor Organization*								
City	State	Zip Code	М	D	Y	Amount		
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\* 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 \$ 100.00