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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Kristin Bryant	I- · -		In :					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Kristin Bryant					·	_		
Street Address	ļ '	Description of Item or Service		D	Y _	Fair Market Value		
387 Cheyenne Way		Advertising		3 1	1 7		18.34	
City	State	Zip Code	Receive	d at Fund	raising E			
Reynoldsburg	ОН	43068		YES		✓NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Katherine Chipps								
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
4086 Fitzpatrick Blvd		Printing					50.00	
City	State	State Zip Code		Received at Fundraising Event?				
Canal Winchester	lo H	43110		YES		NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization * R			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	:	
City	State	Zip Code	Pagaina	d at Fund	raisina E	vent?		
City	State	Zip Code	Keteive	YES	raising C	No		
Full Name of Contributor	Employer Occur	nation Labor Organization *	Pagistra	tion Num	har if D			
run Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		non Nun	iber, ir r	10		
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	)	
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
City	State	Lip code		YES	- w	No		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	;	
					<u> </u>			
City	State	Zip Code	Receive	d at Fund	raising E	_		
				YES		∐NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Its	Description of Item or Service		D	Y	Fair Market Value	;	
Shoot ridd soo								
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
		1		YES	_	NO		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
C44 A 14	Description of It	am or Sarioa	M	D	Y	Fair Market Value		
Street Address	Description of the	Description of Item or Service						
City	State	Zip Code	Receive	Received at Fundraising Event?  YES NO				
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		

<sup>\*</sup> 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)]