

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|---------------------|---|---------------|---------------|--|-------------------------|--|
| Name of Committee in Full Friends of Kristin Bryant | | | | | | | |
| Full Name of Contributor Beverly Corner | | | | | Registration Number, if PAC | | |
| Street Address 3589 Norwood St | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | State O H | Zip Code 43224 | M 0 | D 4 | Y 1 1 1 7 | Amount 20.00 | |
| Full Name of Contributor Dorothy K Low | | | | | Registration Number, if PAC | | |
| Street Address 1963 Destin Pl N | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Reynoldsburg | State O H | Zip Code 43068 | M 0 | D 4 | Y 1 1 1 7 | Amount 15.00 | |
| Full Name of Contributor Jeffrey L Gibson | | | | | Registration Number, if PAC | | |
| Street Address 8720 Taylor Woods Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Reynoldsburg | State O H | Zip Code 43068 | M 0 | D 4 | Y 1 1 1 7 | Amount 20.00 | |
| Full Name of Contributor Neal Whitman | | | | | Registration Number, if PAC | | |
| Street Address 7916 Windrift Pl | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Reynoldsburg | State O H | Zip Code 43068 | M 0 | D 4 | Y 1 1 1 7 | Amount 25.00 | |
| Full Name of Contributor Jeffrey D Mackey | | | | | Registration Number, if PAC | | |
| Street Address 1538 Melrose Ave | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43224 | M 0 | D 4 | Y 1 1 1 7 | Amount 50.00 | |
| Full Name of Contributor Deborah Dunlap | | | | | Registration Number, if PAC | | |
| Street Address 9140 McMahon Ct | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Reynoldsburg | State O H | Zip Code 43068 | M 0 | D 4 | Y 1 1 1 7 | Amount 50.00 | |
| Full Name of Contributor Franklin County Democratic Women's Club | | | | | Registration Number, if PAC | | |
| Street Address 1029 Northfield Pl N | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Reynoldsburg | State O H | Zip Code 43068 | M 0 | D 4 | Y 1 1 1 7 | Amount 50.00 | |
| Full Name of Contributor Joseph Begeny | | | | | Registration Number, if PAC | | |
| Street Address 8840 Kingsley Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Reynoldsburg | State O H | Zip Code 43068 | M 0 | D 4 | Y 1 1 1 7 | Amount 100.00 | |

* 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)]