

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kristin Bryant							
Full Name of Contributor Judi Grant					Registration Number, if PAC		
Street Address 6822 Retton Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Revnoldsburg	State O H	Zip Code 43068	M 0 4	D 0 3	Y 1 5	Amount 30.00	
Full Name of Contributor Bradley Frick					Registration Number, if PAC		
Street Address 1265 Neil Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43201	M 0 4	D 3 0	Y 1 5	Amount 20.00	
Full Name of Contributor Christine Smith					Registration Number, if PAC		
Street Address 8334 Priestlev Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Revnoldsburg	State O H	Zip Code 43068	M 0 4	D 3 0	Y 1 5	Amount 25.00	
Full Name of Contributor Eric Brown					Registration Number, if PAC		
Street Address 34 W Poplar Ave, #205		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 5	D 0 2	Y 1 5	Amount 25.00	
Full Name of Contributor Kabin Carder					Registration Number, if PAC		
Street Address PO Box 20770		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43220	M 0 6	D 0 1	Y 1 5	Amount 300.00	
Full Name of Contributor Tanikka Price					Registration Number, if PAC		
Street Address 2826 Proctor Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43209	M 0 6	D 0 7	Y 1 5	Amount 50.00	
Full Name of Contributor Lynn Parm					Registration Number, if PAC		
Street Address 7187 Lauretta Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Revnoldsburg	State O H	Zip Code 43068	M 0 6	D 1 6	Y 1 5	Amount 25.00	
Full Name of Contributor Brian Woerner					Registration Number, if PAC		
Street Address 1849 Village Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Piqua	State O H	Zip Code 45356	M 0 7	D 1 7	Y 1 5	Amount 50.00	

* 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 \$ 525.00