Page	2	
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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			Dagista	Ni	L (CDA	_	
			Registi	ation Num	ibei, ii FA	iC .	
Lori L Karram-Jones Street Address	Employar/Ocas	ipation/Labor Organization*				F (C C 1	
	Employer/Occi	ipation/Labor Organization*				Form (Cash, Check	c, etc.)
6649 Furth Drive	<u> </u>	7' . 0 . 1.	1 57	T 5	1 17	Check	·
1 -	State O H	Zip Code	М	D	Y	Amount	20.00
Reynoldsburg Full Name of Contributor	OH	43068	0.4		1 6		20.00
	3.6 1		Registra	ation Num	iber, if PA	.C	
Mallory Murphy Law LLC/Mallo			Ļ				
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check	k, etc.)
4100 Regent Street, Suite A						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43219	0 4	1 1	1 6		46.00
Full Name of Contributor			Registra	ation Num	ber, if PA	C	
Cash Contributions at Event Und	<u>er \$20 </u>						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check	k, etc.)
						Cash	
City	State	Zip Code	М	D	Y	Amount	
			0 4	1 1	1 6		40.00
Full Name of Contributor			Registra	ation Num	ber, if PA	C	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check	t, etc.)
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	ation Num	ber, if PA	С	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
	` `					` '	
City	State	Zip Code	М_	D	Y	Amount	
				1	l i	4.10 4.11	
Full Name of Contributor	<u> </u>	<u> </u>	Registra	ation Num	her if PA	C	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employes/Occur	motion/Labor Organization*				Form (Cash Chack	etc.)
Sueet Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Cit.	State	Tin Code	М	D	Y	Amount	
City	State	Zip Code	I **1			Amount	
T. 11.11			Desire	i N	l ic DA	<u> </u>	
Full Name of Contributor			Registra	ation Num	ber, if PA	C	
	In 1 10	710				r (0 1 0 1	.4. \
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check	t, etc.)
)			 _				
City	State	Zip Code	М	D	Y	Amount	
				ii			
Full Name of Contributor			Registra	ation Num	ber, if PA	С	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check		t, etc.)			
City	State	Zip Code	М	D	Y	Amount	
						L	
	1 1 11	didage. If consultation is calf our	mlariad tha			nama of the	

Page Total \$	106.00

^{*} 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)]