

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Kristin Bryant</b>							Registration Number, if PAC		
Full Name of Contributor							Form (Cash, Check, etc.)		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City			State	Zip Code	M	D	Y	Amount	
Full Name of Contributor <b>Bill Eubanks</b>							Registration Number, if PAC		
Street Address <b>460 Doverwood</b>							Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>			State <b>O   H</b>	Zip Code	M <b>1   2</b>	D <b>2   3</b>	Y <b>1   4</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Carol Strapp</b>							Registration Number, if PAC		
Street Address <b>8281 Priestly Dr</b>							Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>			State <b>O   H</b>	Zip Code	M <b>0   2</b>	D <b>0   2</b>	Y <b>1   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Olivia Singletary</b>							Registration Number, if PAC		
Street Address <b>1137 E 19th Ave</b>							Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>			State <b>O   H</b>	Zip Code <b>43211</b>	M <b>0   3</b>	D <b>0   4</b>	Y <b>1   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Delilah Nunez/Law Office of Delilah Nunez</b>							Registration Number, if PAC		
Street Address <b>1170 Old Henderson Rd, Ste 116</b>							Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>			State <b>O   H</b>	Zip Code <b>43220</b>	M <b>0   3</b>	D <b>0   4</b>	Y <b>1   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Jet Services Inc (Refunded on 10/15/15)</b>							Registration Number, if PAC		
Street Address <b>6051 Whitney Woods Dr</b>							Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>			State <b>O   H</b>	Zip Code <b>43213</b>	M <b>0   3</b>	D <b>0   4</b>	Y <b>1   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>							Registration Number, if PAC		
Street Address							Form (Cash, Check, etc.)		
City			State	Zip Code	M	D	Y	Amount	
								<b>110.00</b>	
Full Name of Contributor <b>IBEW PAC Voluntary Fund</b>							Registration Number, if PAC <b>C00027342</b>		
Street Address <b>900 Seventh St, NW</b>							Form (Cash, Check, etc.) <b>Check</b>		
City <b>Washington</b>			State <b>D   C</b>	Zip Code <b>20001</b>	M <b>0   3</b>	D <b>2   4</b>	Y <b>1   5</b>	Amount <b>500.00</b>	

\* 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)]