



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Kristin Bryant					
Full Name of Contributor Merisa Bowers				Registration Number, if PAC	
Street Address 363 Higley Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 02/09/2018	Amount 100.00	
Full Name of Contributor Marie Lenihan				Registration Number, if PAC	
Street Address 1183 Dusk Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/09/2018	Amount 25.00	
Full Name of Contributor Grace Cherrington				Registration Number, if PAC	
Street Address 4018 Courter Rd SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash
City Pataskala	State OH	Zip Code 43062	Date (MM/DD/YYYY) 02/09/2018	Amount 20.00	
Full Name of Contributor Tanikka Price				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash
City	State	Zip Code	Date (MM/DD/YYYY) 02/09/2018	Amount 24.75	
Full Name of Contributor Shanette Strickland				Registration Number, if PAC	
Street Address 681 Mirand Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/09/2018	Amount 24.75	

*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 also appear. [R.C. 3517.10(B)(4)]