

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends of Kristin Bryant								
To Whom Paid Kissho					M 0	D 7	Y 15	Amount 258.50
Address 6823 E Broad Street		Purpose Event Expense						
City Columbus	State O	Zip Code H 43213	Check Number DC					
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City	State 	Zip Code	Check Number					
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City	State 	Zip Code	Check Number					
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City	State 	Zip Code	Check Number					
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City	State 	Zip Code	Check Number					
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City	State 	Zip Code	Check Number					
To Whom Paid					M 	D 	Y 	Amount
Address		Purpose						
City	State 	Zip Code	Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.