

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Kristin Brvant									
To Whom Paid Square						M	D	Y	Amount
						0	3	1	0.85
Address 1455 Market Street				Purpose Merchant Fee					
City San Francisco		State C A		Zip Code 94103		Check Number EFT			
To Whom Paid Square						M	D	Y	Amount
						0	4	0	0.69
Address 1455 Market Street				Purpose Merchant Fee					
City San Francisco		State C A		Zip Code 94103		Check Number EFT			
To Whom Paid Square						M	D	Y	Amount
						0	5	2	1.03
Address 1455 Market Street				Purpose Merchant Fee					
City San Francisco		State C A		Zip Code 94103		Check Number EFT			
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			