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## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full		_
Friends of Kristin Brvant		
To Whom Paid		M D Y Amount 0 3 1 7 1 5 0.85
Square		0 3 1 7 1 5 0.85
Address	Purpose	
1455 Market Street	Merchant Fee	Chaol Number
City	State Zip Code	Check Number
San Francisco	C A 94103	EFT Amount
To Whom Paid		1 '
Square		0 4 0 3 1 5  0.69
Address	Purpose Marchant Fac	
1455 Market Street	Merchant Fee	Check Number
City	State Zip Code	Check Number EFT
San Francisco	C   A   94103	M D Y Amount
To Whom Paid		0   5   2   2   1   5   1.03
Square	D.—aa	1013[212[113] 1.03
Address	Purpose Marchant Fac	
1455 Market Street	Merchant Fee	Check Number
City	State Zip Code 94103	EFT
San Francisco		M D Y Amount
To Whom Paid		
	Purpose	
Address	і шрозс	
City	State Zip Code	Check Number
To Whom Paid		M D Y Amount
Address	Purpose	
		- · · ·
City	State Zip Code	Check Number
L		
To Whom Paid		M D Y Amount
Address	Purpose	
		Charl Marker
City	State Zip Code	Check Number
		M I D I V I I I I I I I I I I I I I I I I
To Whom Paid		M D Y Amount
Address	Purpose	
		Charle Number
City	State Zip Code	Check Number
		M D Y Amount
To Whom Paid		M D Y Amount
	In.	
Address	Purpose	·
	State Zip Code	Check Number
City	State Zip Code	

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