

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
Friends of Kristin Bryant								
Whom Paid					D	Y	Amount	
Metro Parks					2 6	1 5		250.00
	Purpose							
1069 W Main St	Facility Rental							
City	State		Zip Code	Check Number				
Westerville	0	Н	43081		DC			
To Whom Paid				М	D	Y	Amount	
Giant Eagle				0 7	1 7	1 5	<u> </u>	65.70
Address	Purpose							
6867 E Broad St_	Cateri							
City	Stat		Zip Code	Check N	'umber			
Columbus	0	Н	43213	<u> </u>				
To Whom Paid				м 0 7	D	Y	Amount	ا ===
Terry Grace					1 7	1 5	<u></u>	125.00
Address	Purpose							
2300 Madison Ave	Cateri		1					
City	State		Zip Code	Check Number				
Revnoldsburg	01	Н	43068	<u> </u>	1003			
To Whom Paid		- 		M 	D 	Y	Amount	
Address	Purpose							
	1							
City	Stat	e	Zip Code	Check N	lumber			
To Whom Paid				М	D	Ý	Amount	
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Address	Рштроѕе					. — —	-	
			_ 					
City	State		Zip Code	Check Number				
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To Whom Paid				M	D	Y	Amount	
							<u>L</u>	
Address	Purpose					_	_	
	<u></u>							
City	State		Zip Code	Check Number				
				М				
To Whom Paid					D	Y	Amount	
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Address	Purpose						_	
City	Sta	te	Zip Code	Check N	Vumber	_		
	[<u> </u>				

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.

Page Total S 440.70