OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Friends of Kristin Bryant

To Whom Paid	Date (MM/DD/YYYY)	Amount
Mallory Murphy Law LLC	03/30/2019	150.00

Street Address	Purpose		
4100 Regent St, Ste A	Legal Services		
City	**State**	**Zip Code**	**Check Number**
Columbus	OH	43219	1026

To Whom Paid	Date (MM/DD/YYYY)	Amount
SC Bar & Kitchen	04/02/2019	159.49

Street Address	Purpose		
1921 State Route 256	Event Expense		
City	**State**	**Zip Code**	**Check Number**
Reynoldsburg	OH	43068	DC

To Whom Paid	Date (MM/DD/YYYY)	Amount
Ohio Ethics Commission	06/10/2019	255.00

Street Address	Purpose		
30 W Spring St, Ste L3	Filing Fee		
City	**State**	**Zip Code**	**Check Number**
Columbus	OH	43215	DC

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose		
City	**State**	**Zip Code**	**Check Number**
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose		
City	**State**	**Zip Code**	**Check Number**
	OH		

Page Total $ 564.49