

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends of Kristin Brvant									
To Whom Paid Dempseys Food & Spirits						M 0	D 5	Y 1	Amount 397.37
Address 346 S High St		Purpose Event Expense							
City Columbus		State O	H H	Zip Code 43215		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.