

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Kristin Brvant												
From Whom Received Kristin Brvant/ Brvant Law Offices LLC								Prior Amount 0.00		Amt. Incurred this Period 950.00		
Address 338 S High St										Outstanding Balance 950.00		
City Columbus		State OH	Zip Code 43215	Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
09		21	115	09	21	115		25				
Registration Number, if PAC				M	D	Y			M	D	Y	
				09	213	115		900				
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y	
				112	012	114		25				
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code	Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC				M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code	Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC				M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 0.00
- Total received this period \$ 950.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 950.00 (To Form No. 30-A)