

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kristin Brvant				
Full Name of Contributor Friends of Dr Anahi Ortiz			Registration Number, if PAC	
Street Address 7727 Sudbrook Sq	Employer/Occupation/Labor Organization*		M D Y 1 0 1 4 1 5	Amount 50.00
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Marie Beatty Lenihan			Registration Number, if PAC	
Street Address 1183 Dusk Ct	Employer/Occupation/Labor Organization*		M D Y 1 0 1 4 1 5	Amount 15.00
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check	
Full Name of Contributor Tim Gibson			Registration Number, if PAC	
Street Address 4632 Winterset	Employer/Occupation/Labor Organization*		M D Y 1 0 1 4 1 5	Amount 20.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Cash	
Full Name of Contributor Beverly J Corner			Registration Number, if PAC	
Street Address 3589 Norwood St	Employer/Occupation/Labor Organization*		M D Y 1 0 1 4 1 5	Amount 25.00
City Columbus	State O H	Zip Code 43224	Form(Cash,Check,etc) Cash	
Full Name of Contributor Anonymous Cash Contributions			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 1 0 1 4 1 5	Amount 5.00
City	State 	Zip Code	Form(Cash,Check,etc) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 	Amount
City	State 	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 	Amount
City	State 	Zip Code	Form(Cash,Check,etc)	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

115.00

Total expenditures this event

77.75

Page Total \$ 115.00