

# Statement of Contributions Received

## at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Kristin Brvant</b>					
Full Name of Contributor <b>Lisa Jones</b>				Registration Number, if PAC	
Street Address <b>6644 Rosetree Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>15</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Form(Cash,Check,etc) <b>Cash</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Michael Bivens</b>				Registration Number, if PAC	
Street Address <b>4985 Doral Ave</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>15</b>
City <b>Whitehall</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>Cash</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Lawrence Gaba</b>				Registration Number, if PAC	
Street Address <b>173 N Cassingham Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>15</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y 
City	State 	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y 
City	State 	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y 
City	State 	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y 
City	State 	Zip Code	Form(Cash,Check,etc)		Amount

\* 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

**90.00**

Total expenditures this event

**258.00**

Page Total \$ **90.00**