

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of Kristin Bryant</b>												
From Whom Received <b>Kristin Bryant/Bryant Law Offices LLC</b>										Prior Amount <b>350.00</b>		Amt. Incurred this Period <b>0.00</b>
Address <b>338 S High St</b>												Outstanding Balance <b>350.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
		M	D	Y					M		D	Y
		0	9	2	1	1	5					
Registration Number, if PAC					M		D		Y			
Employer/Occupation/Labor Organization*					M		D		Y			
From Whom Received										Prior Amount		Amt. Incurred this Period
Address												Outstanding Balance
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
		M	D	Y					M		D	Y
Registration Number, if PAC					M		D		Y			
Employer/Occupation/Labor Organization*					M		D		Y			
From Whom Received										Prior Amount		Amt. Incurred this Period
Address												Outstanding Balance
City		State	Zip Code		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
		M	D	Y					M		D	Y
Registration Number, if PAC					M		D		Y			
Employer/Occupation/Labor Organization*					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 \$ 350.00
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 350.00 (To Form No. 30-A)