

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 Bryant					
Full Name of Contributor Tyrone Martin				Registration Number, if PAC	
Street Address 6514 Birchview Dr N	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Neal Whitman				Registration Number, if PAC	
Street Address 7916 Windrift Pl	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Michael Bond				Registration Number, if PAC	
Street Address 1349 Crestview St	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Tori Begenv				Registration Number, if PAC	
Street Address 8840 Kingslev Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 15.00
Full Name of Contributor Lisa Roberts				Registration Number, if PAC	
Street Address 760 Gasconv Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash,Check,etc) Credit Card		Amount 20.00
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

110.00

Total expenditures this event

0.00

Page Total \$ 110.00