| Event Date | 3/15/15 |
|------------|---------|
| Page | 8 |

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed by Sec | retary of State 3/05 | | | | |
|---------------------------------------|---|---|-----------------------------|----------------------------|-------------|---------------|
| Name of Committee in Full | | | | | | , |
| Friends of Kristin Bryant | | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Tyrone Martin | | | _ | | Υ. | |
| Street Address | Employer/Occupation/Labor Organization* | | M | | Amount | 2= 00 |
| 6514 Birchview Dr N | | T | 0 3 1 | | | 25.00 |
| City | State | Zip Code | Form(Cash,C | | | |
| Revnoldsburg | <u> OIH</u> | 43068 | | ash | <u> </u> | |
| Full Name of Contributor | | | Registration | Number, if PA | 10 | |
| Neal Whitman | In 1 (0 | | <u>м</u> т | 5 Y | Amount | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization* | | 17 1 5 | | 25.00 |
| 7916 Windrift Pl | | State Zip Code | | 1 / [1 5] Check,etc) | <u> </u> | 23.00 |
| City | State H | 43068 | | ieck | | |
| Reynoldsburg Full Name of Contributor | <u>Ο Η</u> | 43000 | | Number, if PA | A.C. | |
| | | | Registration | rumoer, ii r | ic. | |
| Michael Bond Street Address | E-mlorer/Occup | asion/I abor Organization* | м | D Y | Amount | |
| | Етрюуетоссир | Employer/Occupation/Labor Organization* | | | T. | 25.00 |
| 1349 Crestview St | State | Zip Code | 0 3 1 Form(Cash,C | | | 25.00 |
| 1 · | I O I H | 43068 | | neck | | |
| Revnoldsburg Full Name of Contributor | () ! 11 | 45000 | | Number, if Pa | AC | |
| Tori Begenv | | | 1102-1 | | - | |
| Street Address | Employer/Occupation/Labor Organization* | | м | D Y | Amount | |
| 8840 Kingsley Dr | Suprey and see appearance of the second | | 01311 | 17 115 | 1 | 15.00 |
| City | State | Zip Code | Form(Cash, | | | |
| Revnoldsburg | OΙΗ | 43068 | l Ch | neck | | |
| Full Name of Contributor | 1 () : -= | | Registration | Number, if Pa | AC | |
| Lisa Roberts | | | , | | | |
| Street Address | Employer/Occupation/Labor Organization* | | М | D Y | Amount | - |
| 760 Gascony Dr | | | 0 3 1 | | <u></u> | 20.00 |
| City | State | Zip Code | Form(Cash. | | | |
| Revnoldsburg | $O \mid H$ | 43068 | | it Card | | |
| Full Name of Contributor | | | Registration | Number, if P. | AC | |
| | <u></u> | | м | D Y | Amount | |
| Street Address | Employer/Occup | ation/Labor Organization* | M | ĭ 'n | Adiomi | |
| - | State | Zip Code | Form(Cash, | Check etc) | | |
| City | State | Zip Code | T Orm(easi), | | | |
| Full Name of Contributor | | | Registration | Number, if P. | AC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D Y | Amount | <u></u> _ |
| | - | Tzin Code | Form(Cash, | Check etc) | | |
| City | State | Zip Code | roring asin, | CHECK,CIL) | | |
| | ! | | | | | |
| | id- and properly combined | idates. If contributor is self-err | polored the occu | mation and the | name of the | |

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 | Total expenditures this event | Page Total S 110 00 |
|--------------------------------|-------------------------------|---------------------|
| | | |

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)]