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Statement of Other Income

Prescribed by Secretary of State 2/01

N. Sec. Sec. P.				
Name of Committee in Full				
Friends of Kristin Bryant			In charge Market Street	
Full Name			Registration Number, if PAC	
Get Go Address		<u> </u>		
	Type*		M D Y Amount	
6867 E Broad St	$R \mid E$		1 0 2 1 1 5 17.50	
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43213	DC	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
	ł			
City	State	Zip Code	Form(Cash,Check,etc)	
	!	<u> </u>		
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
-	1	<u> </u>		
Full Name		<u> </u>	Registration Number, if PAC	
Address	Type*		M D Y Amount	
r man vaa	ا			
Cin _r	State	Zip Code	Form(Cash,Check,etc)	
City	ا	Lap Code	i oring custing deep (enc)	
Cull Name	.		Registration Number, if PAC	
Full Name			Registration Number, it FAC	
. 10	T .		N D V	
Address	Type*		M D Y Amount	
	<u> </u>			
City	State	Zip Code	Form(Cash,Check,etc)	
	<u> </u>			
Full Name			Registration Number, if PAC	
		<u></u>		
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
	<u> </u>			
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
·	1			
Full Name		Registration Number, if PAC		
Address	Type*	<u> </u>	M D Y Amount	
· · ·	i			
City	State	Zip Code	Form(Cash,Check,etc)	
cuy	l	Lap Cook	- Sound Street Street	
·		<u> </u>		

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$	<u> 17.50</u>
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^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,