

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Kristin Brvant									
To Whom Paid Ohio Ethics Commission						M	D	Y	Amount
						1	0	0	35.00
Address 30 W Spring Street						Purpose Filing Fee			
City Columbus						State OH		Zip Code 43215	Check Number DC
To Whom Paid Expenditures from Form 31-F						M	D	Y	Amount
						1	0	1	77.75
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid Jet Services Inc						M	D	Y	Amount
						1	0	1	100.00
Address 6051 Whitney Woods Drive						Purpose Contribution Refund			
City Columbus						State OH		Zip Code 43213	Check Number 92
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number