31-A-2
R.C. 3517.10(B)

Page 3

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Friends of Kristin Bryant

Full Name	Registration Number, if PAC	Address	Type*	M	D	Y	Amount	City	State	Zip Code	Form(Cash,Check,etc)
Reynoldsburg Area Democrats PAC		4100 Regent St, Ste A	R E	10	24	17	146.67	Columbus	OH	43219	Check
Kristin Bryant		387 Cheyenne Way	L N	10	24	17	1,000.00	Reynoldsburg	OH	43068	Check
Kristin Bryant		387 Cheyenne Way	L N	10	24	17	100.00	Reynoldsburg	OH	43068	Cash
Reynoldsburg Area Democrats PAC		4100 Regent St, Ste A	R E	12	08	17	25.75	Columbus	OH	43219	Check

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

Page Total $ 1,272.42