

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

|                           |  |       |  |               |  |              |   |   |        |
|---------------------------|--|-------|--|---------------|--|--------------|---|---|--------|
| Name of Committee in Full |  |       |  |               |  |              |   |   |        |
| Friends of Kristin Brvant |  |       |  |               |  |              |   |   |        |
| To Whom Paid              |  |       |  |               |  | M            | D | Y | Amount |
| Gressos                   |  |       |  |               |  | 0            | 9 | 1 | 225.00 |
| Address                   |  |       |  | Purpose       |  |              |   |   |        |
| 961 S High St             |  |       |  | Event Expense |  |              |   |   |        |
| City                      |  | State |  | Zip Code      |  | Check Number |   |   |        |
| Columbus                  |  | OH    |  | 43206         |  | DC           |   |   |        |
| 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 |   |   |        |
|                           |  |       |  |               |  |              |   |   |        |
| To Whom Paid              |  |       |  |               |  | M            | D | Y | Amount |
|                           |  |       |  |               |  |              |   |   |        |
| Address                   |  |       |  | Purpose       |  |              |   |   |        |
|                           |  |       |  |               |  |              |   |   |        |
| City                      |  | State |  | Zip Code      |  | Check Number |   |   |        |
|                           |  |       |  |               |  |              |   |   |        |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.