

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

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Name of Committee in Full							
Friends of Kristin Bryant	·						
To Whom Paid			M	D	Y	Amount	
Gressos			0 9	1   7	1 5	<u></u>	225.00
Address	Purpose						
961 S High St	Event Ex	pense Zip Code					
City	State	Check Number					
Columbus	OH	O H 432 <u>06</u>		DC			
To Whom Paid			М	D	Y	Amount	-
Address Purpose							
:							
City	State Zip Code		Check Number				
To Whom Paid	***		М	D	Y	Amount	
Address	Purpose	Ритроѕе					
City	State	State Zip Code		Check Number			
To Whom Paid		<u> </u>	М	D	Y	Amount	
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Address	Purpose					-	
City	State Zip Code		Check Number				
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To Whom Paid	<u> </u>		М	D	Y	Amount	
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City	State	State Zip Code		Check Number			
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To Whom Paid		<u> </u>	М	D	Y	Amount	
Address	Purpose			<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>	
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City	State Zip Code		Check 1	Check Number			
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To Whom Paid			М	D	Υ	Amount	
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Address	Purpose			<u>'''</u>	<u> </u>		
	1						
Cin	State	Zip Code	Check l	Number			
City							

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.

Page Total \$ \_\_\_\_225.00\_