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## **Statement of Loans Received**

				Pre	scribed b	y Secretar	y of State3/05						
Full Name of Committee											<del> </del>		
Friends of Kristin Brya	ant												
From Whom Received								Prior Amount			Amt. Incurred this Period		
Kristin Bryant/Bryant	Law	Office	es LLO	<u> </u>				350.00			1,100.00		
Address 338 S High St											Outstanding Balance 1,450.00		
City Columbus		Zip Code 43215		Loans Received This Period  Date Amount				Payments This Period  Date Amount					
	M	D	Y	М	D	Y	\$	M	D	Y	s		
	0 9	2 1	1   5	1 0	2 4	1 7	1000.00						
Registration Number, if PAC				M	D	Y		M	D	Y			
				1 0	2 4	1 7	100.00						
Employer/Occupation/Labor Organization*				М	D	Y		M	D	Y			
From Whom Received								Prior An	nount		Amt. Incurred this Period		
Address											Outstanding Balance		
City	State	Zip Code		Loa	Loans Received This Period				Payments This Period				
The second section of the second seco		ļ.,			Date		Amount		Dat		Amount		
	M	D	Y	М	D	Y	\$ 	M	D	Y	\$		
Registration Number, if PAC				М	D	Y		M	D	Y			
Employer/Occupation/Labor Organization*	-			М	D	Y		М	D	Y			
From Whom Received Prior Amount Amt. Incurred this Perior								Amt. Incurred this Period					
Address											Outstanding Balance		
City	State	Zip Code		Loa	Loans Received This Period				Payments This Period				
PROPERTY - AND ADMINISTRATION OF THE STATE O					Date		Amount		Dat		Amount		
25)	M	D	Y	М	D	Y	\$ 	M	D	Y :	\$ 		
Registration Number, if PAC				М	D	Y		М	D	Y			
Employer/Occupation/Labor Organization*		· <del>-</del> .		М	D	Y		М	D	Y			
* Required for contributions over \$100 to st if any, rather than employer should be listed the employees are members, if any, must ap If a loan is forgiven, write "Forgiven" in the	. If two o pear. R.C	rmore emp	oloyees do B)(4)	onate via p	ayroli dec	duction and	d exceed the aggregate of \$10	0, the lab	or organiz	ation of w	<sup>t</sup> hich		

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No.	31-A-2
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No.	

1	Total prior amount \$	350.00
2	Total received this period \$	1,100.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	
4	Total Outstanding Balance \$	1,450.00 (To Form No. 30-A)