5/17/15
14

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05					
ame of Committee in Full							
Friends of Kristin Bryant					_		
ull Name of Contributor	ne of Contributor			Registration Number, if PAC			
Ryan Brzezinski			<u> </u>				
treet Address	Employer/Occupa	tion/Labor Organization*	M	D	Y	Amount	25.00
1714 Leighton Dr		T	015				25.00
City	State	Zip Code	Form(Ca	ash,Checl			
Revnoldsburg	<u> </u>	43068	Cash Registration Number, if PAC		_		
ull Name of Contributor			Registra	mon Nun	iber, ir r	AC	
		ntion/I abor Organization*	M	D	ΙΥ	Amount	
treet Address	employenOccupa	Employer/Occupation/Labor Organization*		ľ	1	Linoun	
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Tity) State	25 Code	7 57(5.		.,,		
ull Name of Contributor			Registra	tion Nun	ber, if P	AC	
in Name of Contributor							
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount	
nice: Address		U	1 +				
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
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ull Name of Contributor	·	<u> </u>	Registra	ation Nun	ıbeτ, if F	AC	
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52111.102 .300				-	<u> </u>		
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor			Registra	ation Nur	nber, if F	PAC	
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Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
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			Registration Number, if PAC				
Full Name of Contributor			Registi	ation Nu	11001, 11 1	AC	
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Street Address	Employer/Occupation/Labor Organization*		";		1 1	, ==	
	State	Zip Code	Form(C	ash,Che	k.etc)		
City	Julian	Z p cour	[(
Full Name of Contributor			Registr	ation Nu	nber, if	PAC	
real Name of Conditions							
Street Address	Employer/Occup	nation/Labor Organization*	М	D	Y	Amount	<u>-</u>
ou cet / tem e.s	' '						
City	State	Zip Code	Form(C	ash,Che	ck,etc)		
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quired for contributions from individuals over \$100 to	statewide and general assembly cand	idates. If contributor is self-en	ployed, the	occupati	on and tl	ne name of the	
ridual's business, if any, rather than employer should be			and exceed i	the aggre	zate of \$	100, the labor	

Fill in the boxes belo	v only on the last	page for this event.
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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	Page Total S	25.00_
	1		