

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kristin Bryant					
Full Name of Contributor Melissa Ratliff				Registration Number, if PAC	
Street Address 1100 Matterhorn Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 15
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Jean M Williams				Registration Number, if PAC	
Street Address 6367 Portsmouth Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 15
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Malaysia T Pollard				Registration Number, if PAC	
Street Address 7731 Worlev Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 15
City Blacklick	State OH	Zip Code 43004	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Michael W McElligott				Registration Number, if PAC	
Street Address 511 E Jeffrey Pl	Employer/Occupation/Labor Organization*		M 0	D 5	Y 15
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Jeffrey D Mackev				Registration Number, if PAC	
Street Address 1538 Melrose Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 15
City Columbus	State OH	Zip Code 43224	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Jeffrey S Rush				Registration Number, if PAC	
Street Address 249 Stone Hedge Row Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 15
City Johnstown	State OH	Zip Code 43031	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Andrea Arnold				Registration Number, if PAC	
Street Address 1329 Manor Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 15
City Columbus	State OH	Zip Code 43232	Form(Cash,Check,etc) Cash		Amount 20.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

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

225.00

Total expenditures this event

0.00

Page Total \$ 200.00