

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Kristin Brvant									
To Whom Paid Pavpal						M	D	Y	Amount
						0	9	0	17
						1	1	5	6.10
Address 2211 North First St				Purpose Merchant Fee					
City San Jose		State C A		Zip Code 95131		Check Number EFT			
To Whom Paid Pavpal						M	D	Y	Amount
						0	9	1	14
						1	1	5	3.20
Address 2211 North First St				Purpose Merchant Fee					
City San Jose		State C A		Zip Code 95131		Check Number EFT			
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			