

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 Brvant				
Full Name of Contributor Lori L Karram-Jones			Registration Number, if PAC	
Street Address 2323 Bush Blvd	Employer/Occupation/Labor Organization*		M 0	D 7
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount 25.00
Form(Cash, Check, etc) Check				
Full Name of Contributor Marcia L McKeen			Registration Number, if PAC	
Street Address 7461 Lindbrook Ct	Employer/Occupation/Labor Organization*		M 0	D 7
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount 50.00
Form(Cash, Check, etc) Check				
Full Name of Contributor Marcia L McKeen			Registration Number, if PAC	
Street Address 7461 Lindbrook Ct	Employer/Occupation/Labor Organization*		M 0	D 7
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount 50.00
Form(Cash, Check, etc) Check				
Full Name of Contributor Malaysia T Pollard			Registration Number, if PAC	
Street Address 7731 Worley Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Blacklick	State OH	Zip Code 43004	Y 1	Amount 10.00
Form(Cash, Check, etc) Check				
Full Name of Contributor Priscilla Roberge			Registration Number, if PAC	
Street Address 372 Cumberland Drive	Employer/Occupation/Labor Organization*		M 0	D 7
City Whitehall	State OH	Zip Code 43213	Y 1	Amount 25.00
Form(Cash, Check, etc) Check				
Full Name of Contributor Jean M Williams			Registration Number, if PAC	
Street Address 6367 Portsmouth Drive	Employer/Occupation/Labor Organization*		M 0	D 7
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount 25.00
Form(Cash, Check, etc) Check				
Full Name of Contributor Marie Beatty Lenihan			Registration Number, if PAC	
Street Address 1183 Dusk Court	Employer/Occupation/Labor Organization*		M 0	D 7
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount 30.00
Form(Cash, Check, etc) Check				

* 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

480.00

Total expenditures this event

440.70

Page Total \$ 215.00