

Event Date	4/2/15
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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 Mike Schadek				Registration Number, if PAC	
Street Address 1537 Guilford	Employer/Occupation/Labor Organization*		M 0	D 4	Y 15
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Cash		Amount 30.00
Full Name of Contributor Grace Cherrington				Registration Number, if PAC	
Street Address 4618 Cartor Ct	Employer/Occupation/Labor Organization*		M 0	D 4	Y 15
City Pataskala	State O H	Zip Code 43062	Form(Cash,Check,etc) Cash		Amount 60.00
Full Name of Contributor Charlotte Young				Registration Number, if PAC	
Street Address PO Box 13892	Employer/Occupation/Labor Organization*		M 0	D 4	Y 15
City Columbus	State O H	Zip Code 43213	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Valerie Goodin				Registration Number, if PAC	
Street Address 951 Fortkort Dr	Employer/Occupation/Labor Organization*		M 0	D 4	Y 15
City Revnoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Mark McKenzie				Registration Number, if PAC	
Street Address 1014 Lancaster Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 15
City Revnoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Olivia Singletary				Registration Number, if PAC	
Street Address 1137 E 19th Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 15
City Columbus	State O H	Zip Code 43211	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Jill Smith				Registration Number, if PAC	
Street Address 19502 Jones Rd	Employer/Occupation/Labor Organization*		M 0	D 4	Y 15
City Mt Sterling	State O H	Zip Code	Form(Cash,Check,etc) Credit Card		Amount 25.00

* 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

1 100.00

Total expenditures this event

500.00

Page Total \$ 215.00