

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 Citizens for Bishoff			Registration Number, if PAC	
Street Address 545 E Town St	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43215	Y 1	Amount 100.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Eleni A Drakatos			Registration Number, if PAC	
Street Address 4274 Chaucer Ln	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43220	Y 1	Amount 50.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Priscilla Roberge			Registration Number, if PAC	
Street Address 372 Cumberland Dr	Employer/Occupation/Labor Organization*		M 0	D 5
City Whitehall	State OH	Zip Code 43213	Y 1	Amount 50.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Merisa K Bowers			Registration Number, if PAC	
Street Address 400 S 5th St, Ste 101	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43215	Y 1	Amount 50.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Jeffrey D Mackev			Registration Number, if PAC	
Street Address 1538 Melrose Ave	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43224	Y 1	Amount 50.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Marie Bettv Lenihan			Registration Number, if PAC	
Street Address 1183 Dusk Ct	Employer/Occupation/Labor Organization*		M 0	D 5
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount 30.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Olivia O Singletary			Registration Number, if PAC	
Street Address 1137 E 19th Ave	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43211	Y 1	Amount 50.00
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

805.00

Total expenditures this event

397.37

Page Total \$ 380.00