

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 Karen J Coleman			Registration Number, if PAC	
Street Address 154 Franklin Ave	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 5	Amount 25.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor Monica E Hawkins			Registration Number, if PAC	
Street Address 2815 Kingsrowe Ct	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 5	Amount 50.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Victoria Yater			Registration Number, if PAC	
Street Address 1515 Grand Central Ave 6	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 5	Amount 100.00
City Vienna	State W V	Zip Code 26105	Form(Cash,Check,etc) Check	
Full Name of Contributor Marie Betty Lenihan			Registration Number, if PAC	
Street Address 1183 Dusk Ct	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 5	Amount 50.00
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check	
Full Name of Contributor Melinda S Sigler			Registration Number, if PAC	
Street Address 28 Starling Dr	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 5	Amount 50.00
City St Marvs	State W V	Zip Code 26170	Form(Cash,Check,etc) Check	
Full Name of Contributor William L Smith			Registration Number, if PAC	
Street Address 8123 Rodebaugh Rd	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 5	Amount 50.00
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey D Mackey			Registration Number, if PAC	
Street Address 1538 Melrose Ave	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 5	Amount 50.00
City Columbus	State O H	Zip Code 43224	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

Total expenditures this event

Page Total \$ 375.00