



## Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee	<del></del>						
Friends of Kristin Bryant							
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Sam's Club			12/26/2017		57.80		
Street Address	Purpose						
2675 Taylor Rd	Event Expense						
City	State	tate Zip Code Check Number					
Reynoldsburg	ОН	430	DC DC				
To Whom Paid			Date (MM/DD/YYYY) Amount		Amount		
Giant Eagle	12/26/2017			)17	31.84		
Street Address	Purpose						
6867 E Broad St	Event Expense						
City	State	Zip	Code Check Number		ck Number		
Columbus	он	432	213 DC				
To Whom Paid			Date (MM/DD/YYYY) Amount				
Mallory Murphy Law LLC			02/15/2018 300.00				
Street Address	Purpose						
4100 Regent St, Ste A	Legal Services						
City	State	Zip Code Check Number					
Columbus	ОН	432	219		25		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Prost Beer & Wine Cafe			04/03/2018 105.64				
Street Address	Purpose						
7354 E Main St	Event Expense						
City	State	Zip	Code	Che	ck Number		
Reynoldsburg	ОН	430	068	108	5.64		
To Whom Paid	,		Amount				
Ohio Ethics Commission			05/10/2018 35.00				
Street Address	Purpose						
30 W Spring St, #L3	Filing Fee						
City	State	Zip Code Check Number					
Columbus	ОН	432	215	DC			

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