

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 Lisa Jones			Registration Number, if PAC	
Street Address 6644 Rosetree Drive	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 5	Amount 20.00
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Cash	
Full Name of Contributor Jo Kaiser			Registration Number, if PAC	
Street Address 389 Library Park Court	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 5	Amount 25.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Bridgett Trbojevic			Registration Number, if PAC	
Street Address 8980 Ridgeline Drive	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 5	Amount 25.00
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check	
Full Name of Contributor Jamie Cook			Registration Number, if PAC	
Street Address 7777 Lupine Drive	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 5	Amount 50.00
City Blacklick	State O H	Zip Code 43004	Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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

120.00

Total expenditures this event

36.76

Page Total \$ 120.00