

Event Date	10/14/15
Page	42

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full									
Friends of Kristin Brvant									
To Whom Paid						M	D	Y	Amount
O'Tooles						1	0	1	77.75
Address				Purpose					
7578 E Main Street				Event Expense					
City				State	Zip Code	Check Number			
Reynoldsburg				O	H	43068 DC			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	77.75
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