

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends of Kristin Bryant</b>								
To Whom Paid <b>El Portal</b>					M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>36.76</b>
Address <b>6999 E Main St</b>		Purpose <b>Event Expense</b>						
City <b>Reynoldsburg</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43068</b>	Check Number <b>DC</b>			
To Whom Paid					M <b> </b>	D <b> </b>	Y <b> </b>	Amount
Address		Purpose						
City		State <b> </b>		Zip Code	Check Number			
To Whom Paid					M <b> </b>	D <b> </b>	Y <b> </b>	Amount
Address		Purpose						
City		State <b> </b>		Zip Code	Check Number			
To Whom Paid					M <b> </b>	D <b> </b>	Y <b> </b>	Amount
Address		Purpose						
City		State <b> </b>		Zip Code	Check Number			
To Whom Paid					M <b> </b>	D <b> </b>	Y <b> </b>	Amount
Address		Purpose						
City		State <b> </b>		Zip Code	Check Number			
To Whom Paid					M <b> </b>	D <b> </b>	Y <b> </b>	Amount
Address		Purpose						
City		State <b> </b>		Zip Code	Check Number			
To Whom Paid					M <b> </b>	D <b> </b>	Y <b> </b>	Amount
Address		Purpose						
City		State <b> </b>		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.