

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 Brvant					
Full Name of Contributor Olivia Singletary				Registration Number, if PAC	
Street Address 1137 E 19th Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43211	Form(Cash,Check,etc) Check		Amount 15.00
Full Name of Contributor Michael A Bond				Registration Number, if PAC	
Street Address 1349 Crestview	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 15.00
Full Name of Contributor Friends of Sean McMullen				Registration Number, if PAC	
Street Address 9026 Trinity Circle	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Cassandra Williams				Registration Number, if PAC	
Street Address 923 Mueller Drive	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Reynoldsburg	State OH	Zip Code 43068	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Sarah Battle				Registration Number, if PAC	
Street Address 590 Steamwater Drive	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Blacklick	State OH	Zip Code 43004	Form(Cash,Check,etc) Cash		Amount 20.00
Full Name of Contributor Johnnv Jones				Registration Number, if PAC	
Street Address 3354 Roswell	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43227	Form(Cash,Check,etc) Cash		Amount 20.00
Full Name of Contributor Tanikka Price				Registration Number, if PAC	
Street Address 2826 Proctor Drive	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Cash		Amount 25.00

* 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 \$ 220.00