



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Friends of Kristin Bryant						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Mallory Murphy Law LLC			03/30/20		19 150.00	
Street Address Purpose						
4100 Regent St, Ste A	Legal Services					
City	State	Zip Code Check Number				
Columbus	ОН	43219 1026				
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount	
SC Bar & Kitchen			04/02/2019 159.49			
Street Address	Purpose					
1921 State Route 256	Event Expense					
City	State	Zip Code Check Number				
Reynoldsburg	он	430	DC DC		;	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Ohio Ethics Commission			06/10/2019 255.00			
Street Address	Purpose					
30 W Spring St, Ste L3	Filing Fee					
City	State	Zip Code Check Number				
Columbus	ОН	432	215	DC		
To Whom Paid	<u>.</u>		Date (MM/DD/YYYY)		Amount	
Paypal			04/01/2019 3.20			
Street Address	Purpose					
2211 N First St	Merchant Fee					
City	State	Zip	Code	Che	eck Number	
San Jose	CA	951	131	EF	T .	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip Code Check Number		eck Number		
	OH .					

Page Total \$	567.69	•