

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 Leonardo Almeida			Registration Number, if PAC	
Street Address 217 1/2 E Sycamore Street	Employer/Occupation/Labor Organization*		M D Y 0 9 11 7 1 5	Amount 15.00
City Columbus	State O H	Zip Code 43206	Form (Cash, Check, etc) Check	
Full Name of Contributor Karen Held Phipps			Registration Number, if PAC	
Street Address 4333 Reed Road	Employer/Occupation/Labor Organization*		M D Y 0 9 11 7 1 5	Amount 150.00
City Columbus	State O H	Zip Code 43220	Form (Cash, Check, etc) Check	
Full Name of Contributor Bill Hedrick			Registration Number, if PAC	
Street Address 535 West 1st Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 11 7 1 5	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Jeffrey D Mackey			Registration Number, if PAC	
Street Address 1538 Melrose Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 11 7 1 5	Amount 50.00
City Columbus	State O H	Zip Code 43224	Form (Cash, Check, etc) Check	
Full Name of Contributor Citizens to Elect Mike Schadek			Registration Number, if PAC	
Street Address 1537 Guilford Road	Employer/Occupation/Labor Organization*		M D Y 0 9 11 7 1 5	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form (Cash, Check, etc) Check	
Full Name of Contributor Keith E Noble			Registration Number, if PAC	
Street Address 7660 Rodebaugh Road	Employer/Occupation/Labor Organization*		M D Y 0 9 11 7 1 5	Amount 25.00
City Reynoldsburg	State O H	Zip Code 43068	Form (Cash, Check, etc) Check	
Full Name of Contributor Gina E Mazzei-Smith			Registration Number, if PAC	
Street Address 1747 W 1st Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 11 7 1 5	Amount 50.00
City Columbus	State O H	Zip Code 43212	Form (Cash, Check, etc) Check	

* 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

465.00

Total expenditures this event

225.00

Page Total \$ 390.00