

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		Registration Number, if PAC	
Tonva A McCreary Williams			
Street Address	Employer/Occupation/Labor Organization*	M	D
4956 Arbor Village Dr, Apt D		0	4
City	State	Y	Amount
Columbus	O H	1	25.00
	Zip Code	1	
	43214	5	
		Form(Cash,Check,etc)	
		Check	
Full Name of Contributor			
Cornelius McGrady III			
Full Name of Contributor		Registration Number, if PAC	
Cornelius McGrady III			
Street Address	Employer/Occupation/Labor Organization*	M	D
8675 Kingslev Dr		0	4
City	State	Y	Amount
Reynoldsburg	O H	1	25.00
	Zip Code	1	
	43068	5	
		Form(Cash,Check,etc)	
		Check	
Full Name of Contributor			
Christopher Brown/Christopher M Brown Law Offices LLC			
Full Name of Contributor		Registration Number, if PAC	
Christopher Brown/Christopher M Brown Law Offices LLC			
Street Address	Employer/Occupation/Labor Organization*	M	D
601 S High St, Fl 1		0	4
City	State	Y	Amount
Columbus	O H	1	100.00
	Zip Code	1	
	43215	5	
		Form(Cash,Check,etc)	
		Check	
Full Name of Contributor			
Michael A Bond			
Full Name of Contributor		Registration Number, if PAC	
Michael A Bond			
Street Address	Employer/Occupation/Labor Organization*	M	D
1349 Crestview		0	4
City	State	Y	Amount
Reynoldsburg	O H	1	20.00
	Zip Code	1	
	43068	5	
		Form(Cash,Check,etc)	
		Check	
Full Name of Contributor			
Robert W Crosby Jr			
Full Name of Contributor		Registration Number, if PAC	
Robert W Crosby Jr			
Street Address	Employer/Occupation/Labor Organization*	M	D
1520 Thurell Rd		0	4
City	State	Y	Amount
Columbus	O H	1	40.00
	Zip Code	1	
	43229	5	
		Form(Cash,Check,etc)	
		Check	
Full Name of Contributor			
Stephen E Herrick			
Full Name of Contributor		Registration Number, if PAC	
Stephen E Herrick			
Street Address	Employer/Occupation/Labor Organization*	M	D
430 Lyncroft Dr		0	4
City	State	Y	Amount
Gahanna	O H	1	50.00
	Zip Code	1	
	43230	5	
		Form(Cash,Check,etc)	
		Check	
Full Name of Contributor			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
	Zip Code		
		Form(Cash,Check,etc)	

* 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 \$ 260.00