

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			
Jo E Kaiser							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
389 Library Park Ct				0	15	215	50.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43215		Check	
Full Name of Contributor							
Eric Gresak/Valley 2011 LLC dba Gressos							
Full Name of Contributor				Registration Number, if PAC			
Eric Gresak/Valley 2011 LLC dba Gressos							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
961 S High St				0	15	215	50.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43206		Check	
Full Name of Contributor							
David Young for Judge Committee							
Full Name of Contributor				Registration Number, if PAC			
David Young for Judge Committee							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
146 Granville Street, Suite D				0	15	215	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
Gahanna		OH		43230		Check	
Full Name of Contributor							
Andrea L H Eastman							
Full Name of Contributor				Registration Number, if PAC			
Andrea L H Eastman							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
59 Haighgate Rd				0	15	215	50.00
City		State		Zip Code		Form(Cash,Check,etc)	
Granville		OH		43023		Check	
Full Name of Contributor							
Janie D Roberts							
Full Name of Contributor				Registration Number, if PAC			
Janie D Roberts							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
155 W Main St, Ste 100				0	15	215	25.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43215		Check	
Full Name of Contributor							
Columbus/Central Ohio Building Trades Council-Education Fund							
Full Name of Contributor				Registration Number, if PAC			
Columbus/Central Ohio Building Trades Council-Education Fund				PCE			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
555 E Rich St, Rm 217				0	15	215	50.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43215		Check	
Full Name of Contributor							
Ed Szczypinski							
Full Name of Contributor				Registration Number, if PAC			
Ed Szczypinski							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
78 E Chestnut #406				0	15	215	25.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43215		Cash	

* 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 \$ 350.00