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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		<u> </u>					
Name of Committee in Full							
Friends of Kelly Cruse Full Name of Contributor			In	et an NT	L. CDA	<u> </u>	
			Registra	uon Num	nber, if PA	.C	
Karen L Cruse	E/Occu-	pation/Labor Organization				Form (Cash, Che	alr ata)
Street Address	Employer/Occu	pation/Labor Organization	•				ck, etc.)
989 Hillridge Rd	State	Zip Code	М	D	Y	Check Amount	
City Reynoldsburg	OH		1 2		I .	Amount	30.00
Full Name of Contributor		43000			ber, if PA	Ċ.	30.00
Kristin J Bryant			i i i i i i i i i i i i i i i i i i i	inon trum	1001, 11 11	.0	
Street Address	Employer/Occu	,			Form (Cash, Che	ck. etc.)	
387 Cheyenne Way					Check		
City	State	Zip Code	М	D	Y	Amount	
Reynoldsburg	ОН	1	1 2	0 8	$\begin{bmatrix} 1 & 7 \end{bmatrix}$		25.00
Full Name of Contributor		10000			ber, if PA	c	20.00
Lisa M Williams			1				
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
265 Robin Ln	' '					Check	
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	ОН	1	1 2	0 8	117		15.00
Full Name of Contributor					ber, if PA	С	
j							
reet Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	ation Nun	nber, if PA	.c	-
 							
Street Address	Employer/Occu	*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
				L_i		<u> </u>	
Full Name of Contributor			Registra	ation Nun	nber, if PA	.C	
<u> </u>						- (2) (3	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)
				т.	1 12	<u> </u>	
City	State	Zip Code	М	D	Y	Amount	
			Daviste.	tion Non	show if DA		
Full Name of Contributor			Kegistra	ation Nun	nber, if PA	iC .	
	F1/0aa					Form (Cash, Che	ck etc.)
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				i om (casii, ciic	or, 000.)
	State	Zip Code	М	D	ΙΥ	Amount	
City	State	Zip Code	\			7 IIIIOUIII	
Full Name of Contributor			Registr	ation Nun	nber, if PA	C C	
Full Name of Contributor			rtogisu.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Street Address	Employer/Occ	<u> </u>				ck, etc.)	
Street Address Employer/Occupation/Labor Organ			uou				
City	State	Zip Code	M	D	Y	Amount	
			-				
		I'd to IC That are in an	16 l d 4b-		n and the	nome of the	

Page Total \$ 70.00

^{*} 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)]