Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of Kelly Cruse						
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
Tina Maharath						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
6608 Mountain Ash Dr						Credit Card
City	State	Zip Code	M	D	Y	Amount
Canal Winchester	OH	43110	111	0 7	1 7	50.00
Full Name of Contributor		'		tion Num		
Michael Schadek						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
1537 Guilford Rd		-				Credit Card
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43221	111	0 1	1 7	50.00
Full Name of Contributor		10221		tion Num		
Christopher Marlowe Shook			registru	uon rum	JCI, II I I I	
Street Address	Employer/Occupy	ation/Labor Organization*		···		Form (Cash, Check, etc.)
	Employer/Occupa	HIOH Labor Organization				
572 Hunnicut Dr City	Chan	7:- 0-1-	T.	<u> </u>	77	Check
	State H	Zip Code	M	D	Y	Amount
Reynoldsburg	OH	43068	1 2	0 8	1 7	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Lisa M Williams	1:	, , , ,	L.,			
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
265 Robin Ln		,				
City	State	Zip Code	М	D	Y	Amount
Reynoldsburg	OH	43068	1 2	0 8	1 7	25.00
Full Name of Contributor			Registra	tion Num	per, if PA	C
Stacie Baker						
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
1101 Bergenia Dr						Cash
City	State	Zip Code	M	D	Y	Amount
Reynoldsburg	O H	43068	1 2	0 8	1 7	5.00
Full Name of Contributor			Registrat	tion Numl	er, if PA	C
Ohio Democratic Party						
Street Address	Employer/Occupa	ation/Labor Organization*	-			Form (Cash, Check, etc.)
340 E Fulton St						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OIH	43215	1 2	0 8	1 7	250.00
Full Name of Contributor		10210		tion Numl		
Jean M Williams			ľ		ŕ	
Street Address	Employer/Occupa	ation/Labor Organization*		-		Form (Cash, Check, etc.)
6367 Portsmouth Dr	Z.mp.toyen/ o'ccupt	mon Dabor Organization				Check
City	State	Zip Code	М	D	Y	Amount
	OH	43068	I .	0 8		25.00
Reynoldsburg Full Name of Contributor	10 11	43000	1 2			
Peter G Hobstetter Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Street Address	Employer/Occupa	ttion/Labor Organization*				Form (Cash, Check, etc.)
2639 Wildwood Rd	<u> </u>		T			Check
City	State	Zip Code	M	D	Y	Amount
Columbus	ОН	43231	11 2	0 8	1 7	25.00

* 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)]

Page Total \$	530.00