

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kelly Cruse									
Full Name of Contributor Roger Cruse						Registration Number, if PAC			
Street Address 989 Hillridge Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg		State O H		Zip Code 43068		M 0		D 3	
						Y 2 9 1 7		Amount 20.00	
Full Name of Contributor Joseph S Begeny						Registration Number, if PAC			
Street Address 8840 Kingsley Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg		State O H		Zip Code 43068		M 0		D 3	
						Y 2 9 1 7		Amount 25.00	
Full Name of Contributor Richard O Fetty						Registration Number, if PAC			
Street Address 40 Pleasant View Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Blacklick		State O H		Zip Code 43004		M 0		D 3	
						Y 2 9 1 7		Amount 25.00	
Full Name of Contributor Peter G Hobstetter						Registration Number, if PAC			
Street Address 2639 Wildwood Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43231		M 0		D 3	
						Y 2 9 1 7		Amount 25.00	
Full Name of Contributor Paul L Williams						Registration Number, if PAC			
Street Address 265 Robin Ln				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg		State O H		Zip Code 43068		M 0		D 3	
						Y 2 9 1 7		Amount 25.00	
Full Name of Contributor Karen Risen						Registration Number, if PAC			
Street Address 1219 Hilton Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg		State O H		Zip Code 43068		M 0		D 3	
						Y 2 9 1 7		Amount 25.00	
Full Name of Contributor Kristin J Bryant						Registration Number, if PAC			
Street Address 387 Cheyenne Way				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg		State O H		Zip Code 43068		M 0		D 3	
						Y 2 9 1 7		Amount 25.00	
Full Name of Contributor Debbie J Kanable						Registration Number, if PAC			
Street Address 1731 Haft Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg		State O H		Zip Code 43068		M 0		D 3	
						Y 2 9 1 7		Amount 30.00	

* 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 \$ 200.00