

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kelly Cruse									
Full Name of Contributor Boggs for Ohio						Registration Number, if PAC			
Street Address 545 E Town St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43215		M 0	D 7	Y 2	Amount 50.00
Full Name of Contributor Grace Cherrington						Registration Number, if PAC			
Street Address 4018 Courter Rd SW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Pataskala		State O H		Zip Code 43062		M 0	D 8	Y 0	Amount 45.00
Full Name of Contributor People for Page						Registration Number, if PAC			
Street Address 1244 Erickson Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43227		M 0	D 8	Y 3	Amount 100.00
Full Name of Contributor Kristin Bryant						Registration Number, if PAC			
Street Address 387 Cheyenne Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Reynoldsburg		State O H		Zip Code 43068		M 0	D 8	Y 2	Amount 50.00
Full Name of Contributor Shirley M Provance						Registration Number, if PAC			
Street Address 682 Lancaster Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State O H		Zip Code 43068		M 0	D 8	Y 2	Amount 25.00
Full Name of Contributor Jeremy Eugene Blake						Registration Number, if PAC			
Street Address 71 Gainor Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Newark		State O H		Zip Code 43055		M 0	D 8	Y 2	Amount 50.00
Full Name of Contributor Mary Ann Sewell						Registration Number, if PAC			
Street Address 386 Villa Oaks Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H		Zip Code 43230		M 0	D 8	Y 2	Amount 50.00
Full Name of Contributor Roger V 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 1	D 0	Y 1	Amount 180.00

* 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)]