

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kelly Cruse									
Full Name of Contributor Dorothy K Low						Registration Number, if PAC			
Street Address 1963 Destin Pl N			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	Amount 35.00
Full Name of Contributor Thomas J Johnston						Registration Number, if PAC			
Street Address 7272 For Den Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington	State O	H	Zip Code 43147	M 0	D 3	Y 2	9	1	Amount 50.00
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	Amount 50.00
Full Name of Contributor Karen 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	Amount 60.00
Full Name of Contributor Michael Schadek						Registration Number, if PAC			
Street Address 1537 Guilford Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H	Zip Code 43221	M 0	D 3	Y 2	9	1	Amount 100.00
Full Name of Contributor Mildred Johnson						Registration Number, if PAC			
Street Address 1931 Glenford Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Reynoldsburg	State O	H	Zip Code 43068	M 0	D 4	Y 0	3	1	Amount 25.00
Full Name of Contributor Tom Battin						Registration Number, if PAC			
Street Address 7680 Deer Park Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O	H	Zip Code 43068	M 0	D 4	Y 0	6	1	Amount 20.00
Full Name of Contributor Randall Reisling						Registration Number, if PAC			
Street Address 4312 Elmstone Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Midlothian	State V	A	Zip Code 23113	M 0	D 4	Y 0	6	1	Amount 50.00

* 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 \$ 390.00