

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kelly Cruse													
Full Name of Contributor Mallory Murphy						Registration Number, if PAC							
Street Address 4100 Regent Street, Suite A			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Columbus		State O H		Zip Code 43219		M 0 2		D 0 2		Y 1 7		Amount 1.00	
Full Name of Contributor Cliff Mortimer Jr						Registration Number, if PAC							
Street Address PO Box 6092			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Money Order						
City Chillicothe		State O H		Zip Code 45601		M 0 3		D 0 2		Y 1 7		Amount 25.00	
Full Name of Contributor Shanette Strickland						Registration Number, if PAC							
Street Address 651 Mirandy Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Reynoldsburg		State O H		Zip Code 43068		M 0 3		D 0 5		Y 1 7		Amount 25.00	
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 3		D 2 9		Y 1 7		Amount 25.00	
Full Name of Contributor Neal Whitman						Registration Number, if PAC							
Street Address 7916 Windrift Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Reynoldsburg		State O H		Zip Code 43068		M 0 3		D 2 9		Y 1 7		Amount 20.00	
Full Name of Contributor Victoria A Whitney						Registration Number, if PAC							
Street Address 4436 Winding Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Sacramento		State C A		Zip Code 95841		M 0 3		D 2 9		Y 1 7		Amount 10.00	
Full Name of Contributor Jeniffer Quesenberry						Registration Number, if PAC							
Street Address 949 Lancaster Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Reynoldsburg		State O H		Zip Code 43068		M 0 3		D 2 9		Y 1 7		Amount 15.00	
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 3		D 2 9		Y 1 7		Amount 20.00	

* 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)]