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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		·		. —			
Friends of Kelly Cruse				,			
Full Name of Contributor	Re			Registration Number, if PAC			
Roger Cruse	T= 1 %					F = (0 + C+ + + +)	
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
701 Henderson Ave	 	Tello I	T 1/4	<u> </u>	T 1/	Check	
City	State V	Zip Code	M	D	Y	Amount	
Williamstown Full Name of Contributor	$W \mid V$	26187	0 4	2 4 tion Num	1 7		
			Registia	non num	bei, ii ra		
Stonewall Democrats of Central Ohio Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
700 Morse Road	Employer/Occup	ation babbi Organization				Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43214	0 4	Į.	1 7		
Full Name of Contributor	19 1	40211		tion Num			
Karen L Cruse							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
989 Hillridge Rd						Check	
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	OH	43068	0 5	0 3	117	100.00	
Full Name of Contributor				tion Num			
			•			_	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
						<u> </u>	
City	State	Zip Code	M	D	Y	Amount	
	j					<u> </u>	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
						<u> </u>	
City	State	Zip Code	М	D	Y	Amount	
		<u> </u>		<u> </u>	1 0 0 0	<u></u>	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
		Zip Code	M	D	Y	Amount	
City	State	Zip Code			1	Allouit	
Full Name of Contributor		<u></u>	Registra	tion Num	ber if PA	\C	
run Name of Contributor			regione				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
Succe Address	Z.mp.oye occup	Employer/Occupation Dator Organization				1	
City	State	Zip Code	М	D	Y	Amount	
city			i	1	1		
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
			1				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
						ļ	
City	State	Zip Code	М	D	Y	Amount	
	1					<u> </u>	
1.5 Compared to the control of the c	محمد والمساور	idates. If contributor is salf am	ployed the	occupation	n and the	name of the	

Page Total \$ 250.00

^{*} 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)]