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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			Registra	tion Num	ber, if PA	C
Andrea Eastman						
Street Address	Employer/Occup	oation/Labor Organization*		-		Form (Cash, Check, etc.)
59 Highgate Rd						Credit Card
City	State	Zip Code	М	D	Y	Amount
Granville	OH	43023	0 7	1 9	1 7	50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Joseph S Begeny						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
8840 Kingsley Dr						Check
City	State	Zip Code	M	D	Y	Amount
Reynoldsburg	ОН	43068	0 7	2 4	1 7	50.00
Full Name of Contributor				tion Num		
Brandon Barcus			1			
Street Address	Employer/Occur	oation/Labor Organization*	. L			Form (Cash, Check, etc.)
1576 Safford Ave		•				Check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОН	43223	0 7	2 4	1.7	65.00
Full Name of Contributor	<u></u>	10220		tion Num		
Christopher Marlowe Shook			ľ		,	
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)
572 Hunnicut Dr						Check
City	State	Zip Code	М	D	Y	Amount
Reynoldsburg	ОН	43068	0.7	2 4	1 7	100.00
Full Name of Contributor	10	45000		tion Num		
Jeffrey D Mackey			i i i gioti u		,	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
1538 Melrose Ave	Employen occup	Janon Bassi O. gamzation				Check
City	State	Zip Code	Тм	D	Y	Amount
	OH	43224	0 7	2 4	1.7	70.00
Columbus Full Name of Contributor	10	1 43224				
Gail Burkholder Street Address	Employer/Occur	nation/Labor Organization*				Form (Cash, Check, etc.)
	Employer/Occupation/Labor Organization*				Check	
45 Governors Pl. Apt 15	State	Zip Code	М	D	Y	Amount
	OH	43203		2 4	l '	
Columbus Full Name of Contributor	10 11	43203		tion Num		
			icegistia	(1011 14uIII	oci, ii i A	
Roger V Cruse Street Address	Empleyon/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
	Employer/Occu	pation/Labor Organization*				B
989 Hillridge Rd	- Court	7:- 0-1-	- L 14		Y	Check Amount
City	State	Zip Code	M 7	D		325.00
Reynoldsburg	O H	43068	0 7	2 4	1 7	
Full Name of Contributor Registration Number, if PAC						
Kristin Bryant/Bryant Law Offices LLC						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
538 E Rich St		T7: 0.1			Γv	Check
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43215	0 7	2 4	1 7	100.00

* 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 \$	810.00