

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kelly Cruse									
Full Name of Contributor Andrea Eastman						Registration Number, if PAC			
Street Address 59 Highgate Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Granville	State O	H H	Zip Code 43023	M 0	D 7	Y 1	Amount 50.00		
Full Name of Contributor Joseph S Begeny						Registration Number, if PAC			
Street Address 8840 Kingsley Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O	H H	Zip Code 43068	M 0	D 7	Y 2	Amount 50.00		
Full Name of Contributor Brandon Barcus						Registration Number, if PAC			
Street Address 1576 Safford Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43223	M 0	D 7	Y 2	Amount 65.00		
Full Name of Contributor Christopher Marlowe Shook						Registration Number, if PAC			
Street Address 572 Hunnicut Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O	H H	Zip Code 43068	M 0	D 7	Y 2	Amount 100.00		
Full Name of Contributor Jeffrey D Mackey						Registration Number, if PAC			
Street Address 1538 Melrose Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43224	M 0	D 7	Y 2	Amount 70.00		
Full Name of Contributor Gail Burkholder						Registration Number, if PAC			
Street Address 45 Governors Pl. Apt 15			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43203	M 0	D 7	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 H	Zip Code 43068	M 0	D 7	Y 2	Amount 325.00		
Full Name of Contributor Kristin Bryant/ Bryant Law Offices LLC						Registration Number, if PAC			
Street Address 538 E Rich St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 7	Y 2	Amount 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