

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Kelly Cruse												
To Whom Paid Paypal						M	D	Y	Amount			
						0	3	0	1	1	7	0.28
Address 2211 North First St				Purpose Merchant Fee								
City San Jose				State CA		Zip Code 95131		Check Number EFT				
To Whom Paid Paypal						M	D	Y	Amount			
						0	4	0	3	1	7	1.03
Address 2211 North First St				Purpose Merchant Fee								
City San Jose				State CA		Zip Code 95131		Check Number EFT				
To Whom Paid Ohio Ethics Commission						M	D	Y	Amount			
						0	4	0	5	1	7	35.00
Address 30 W Spring St #L3				Purpose Filing Fee								
City Columbus				State OH		Zip Code 43215		Check Number DC				
To Whom Paid Signrocket.com						M	D	Y	Amount			
						0	4	1	0	1	7	390.00
Address 340 Broadway Ave				Purpose Printing								
City St. Paul Park				State MA		Zip Code 55071		Check Number DC				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				