

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Kelly Cruse</b>							
Full Name of Contributor <b>Christopher M Shook</b>					Registration Number, if PAC		
Street Address <b>572 Hunnicut Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Dorothy Low</b>					Registration Number, if PAC		
Street Address <b>1963 Destin Pl N</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>15.00</b>	
Full Name of Contributor <b>Kristin Bryant/Bryant Law Offices LLC</b>					Registration Number, if PAC		
Street Address <b>538 E Rich St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>300.00</b>	
Full Name of Contributor <b>Franklin County Democratic Women's Club</b>					Registration Number, if PAC		
Street Address <b>1029 Northfield Pl N</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>50.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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)]