Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of Kelly Cruse						
Name of Contributor Registration Numb			ber, if PA	С		
Richard Diewald						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
6791 Bartlett Rd						Cash
City	State	Zip Code	М	D	Y	Amount
Reynoldsburg	OH	43068	11 0	1 0	1:7	10.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Branco Suttle						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
6640 Red Fox Rd						Cash
City	State	Zip Code	M	D	Y	Amount
Reynoldsburg	ОН	43068	1 0	1 0	1 7	40.00
Full Name of Contributor	<u> </u>	10000	_	tion Num		
Terri Clipner					-	
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
7063 Lemert Ln	Employer occupation Labor Organization					Cash
City	State	Zip Code	Тм	D	Y	Amount
Reynoldsburg	ОН	43068		1 0		20.00
Full Name of Contributor	0	45000		tion Num		
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Street Address	Employer/Occups	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
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Ca.	State	Zip Code	М	T D	Y	Amount
City	State	Zip Code	} "	"		Allouit
Full Name of Contributor	l		Parietro	tion Num	har if DA	C
run Name of Commonion			Registra	mon rum	oci, ii i A	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Street Address	Employer/Occupa	ation/Labor Organization				rom (Cash, Check, etc.)
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City	State	Zip Code	I M	"	1	Amoun
5 N. CO. 1	<u> </u>	L	Posistes	tion Num	hor if DA	<u></u>
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Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, et					Form (Cash Chaok etc.)	
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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City	State	Zip Code	M	D	Y	Amount
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Full Name of Contributor			Registra	tion Num	ber, ii PA	i.C
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Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount
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Full Name of Contributor Registration Number, if PAC						iC .
					n (0.1.0)	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
L	L					
City	State	Zip Code	М	D	Y	Amount
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* 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 \$	70.00