Page	_5

Statement of Other Income

Prescribed by Secretary of State 2/01

,								
Name of Committee in Full								
Friends of Kelly Cruse								
Full Name			Registra	Registration Number, if PAC				
Dollar General				T 5	т	 		
Address D 1	Type*		M	D	Y	Amount	4.01	
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City	State	Zip Code	Form(C	ash,Checl	k,etc)			
Reynoldsburg Full Name	<u>lo H</u>	43068	Desire	DC	t :cD4			
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Kelly Cruse Address	Type*		M	Ď	Y	Amount		
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6337 Birchview Drive South City	R E	Zip Code	1 0	10			25.50	
Reynoldsburg		43068	Forme					
Full Name	10 H	43000	Pagristro	Cash Registration Number, if PAC				
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City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
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City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)				
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Full Name			Registra	tion Num	ber, if PA	.C		
Address	Type*		М	D	Y	Amount		
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City	State	Zip Code	Form(C	ash,Checl	k,etc)			
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SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$	29.71
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^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,