

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Kelly Cruse					
Full Name Dollar General			Registration Number, if PAC		
Address 1310 Brice Rd	Type* R E		M 1	D 0	Y 0
					Amount 4.21
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) DC		
Full Name Kelly Cruse			Registration Number, if PAC		
Address 6337 Birchview Drive South	Type* R E		M 1	D 0	Y 1
					Amount 25.50
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Cash		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
					Amount
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
					Amount
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
					Amount
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
					Amount
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
					Amount
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
					Amount
City	State	Zip Code	Form(Cash,Check,etc)		

* 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, SA for the sale of committee assets, or LN for payments received on a loan made.