

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Begeny							
Full Name of Contributor Ohio Democratic Party						Registration Number, if PAC	
Street Address 340 E Fulton St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2 0 1 7	Amount 250.00	
Full Name of Contributor Reynoldsburg Educators PAC						Registration Number, if PAC	
Street Address PO Box 884			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State O H	Zip Code 43068	M 1	D 1	Y 0 2 1 7	Amount 200.00	
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	
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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)]

Page Total \$ 450.00