

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Charlie Myers							
Full Name of Contributor Ben Reno-Weber					Registration Number, if PAC		
Street Address 1621 Dundee Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Louisville	State KY <input checked="" type="checkbox"/>	Zip Code 40205	M 0	D 2	Y 1	Amount \$25.00	
Full Name of Contributor Ken Hussey					Registration Number, if PAC		
Street Address 123 Forest Hill Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Jefferson City	State MO <input checked="" type="checkbox"/>	Zip Code 65109	M 0	D 2	Y 1	Amount \$25.00	
Full Name of Contributor Joe Hinds					Registration Number, if PAC		
Street Address 2313 Whitetail Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Piqua	State OH <input checked="" type="checkbox"/>	Zip Code 45356	M 0	D 2	Y 1	Amount \$25.00	
Full Name of Contributor Erin Reuland					Registration Number, if PAC		
Street Address 3900 N Lincoln Park W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Chicago	State IL <input checked="" type="checkbox"/>	Zip Code 60618	M 0	D 2	Y 1	Amount \$25.00	
Full Name of Contributor Chad Wolf					Registration Number, if PAC		
Street Address 4147 Marion Waldo Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Marion	State OH <input checked="" type="checkbox"/>	Zip Code 43302	M 0	D 2	Y 1	Amount \$25.00	
Full Name of Contributor Robert "Neal" Denton					Registration Number, if PAC		
Street Address 2400 Wittington BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Alexandria	State VA <input checked="" type="checkbox"/>	Zip Code 22308	M 0	D 2	Y 1	Amount \$50.00	
Full Name of Contributor AJ Duch					Registration Number, if PAC		
Street Address 1257 Springwood Lane 116A		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Fairborn	State OH <input checked="" type="checkbox"/>	Zip Code 45324	M 0	D 2	Y 1	Amount \$25.00	
Full Name of Contributor Toph Patterson					Registration Number, if PAC		
Street Address 300 Jeffrey Place, Apt 201		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dover	State DE <input checked="" type="checkbox"/>	Zip Code 19904	M 0	D 2	Y 1	Amount \$50.00	

* 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 also appear. [R.C. 3517.10(B)(4)]