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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	·					
Name of Committee in Full						
Friends of Joe Begeny						
Full Name of Contributor	Registration Number,			ber, if PA	C	
Kent for Ohio						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
PO Box 06606						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43206	11 0	111	1.7	100.00
Full Name of Contributor				tion Num		
Reynoldsburg Educators PAC			ŀ			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
PO Box 884						Check
City	State	Zip Code	M	D	ΓŸ	Amount
Reynoldsburg	ОН	43068	11.0	1 8	117	300.00
Full Name of Contributor	1 0	1 40000				
Full Name of Contributor Registration Number, if P United Food & Commercial Workers Active Ballot Club C00002766						
Street Address		pation/Labor Organization*	Co	00027	00	Form (Cash, Check, etc.)
	Employer/Occu	pation/Labor Organization				Check
1775 K St NW	State	7:- C-4-	М	D	ΙΥ	Amount
City	1	Zip Code	- 1	1	J	
Washington	I D C	20006		1 8		200.00
Full Name of Contributor			Registra	ition Num	ber, if PA	C
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
ar.		12: 6.1	- 1 34	T 5	T V	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if PA	c
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
		. <u></u>				<u></u>
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor		 	Registra	ition Num	ber, if PA	С
2	F- 1/0-					Form (Cash, Check, etc.)
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	ition Num	ber, if PA	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
<u></u>		چىسىت يىسىدا پ			٠	L

* 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 \$	600.00