

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Charlie Myers									
Full Name of Contributor Patsy McConnell						Registration Number, if PAC			
Street Address 1091 Starlight Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Reynoldsburg		State OH <input checked="" type="checkbox"/>		Zip Code 43068		M 0		D 2	
						Y 2		Amount \$50.00	
Full Name of Contributor Robert McGaughey						Registration Number, if PAC			
Street Address 6717 Quail Ridge Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Montgomery		State AL <input checked="" type="checkbox"/>		Zip Code 36117		M 0		D 3	
						Y 0		Amount \$150.00	
Full Name of Contributor Charles L Myers III						Registration Number, if PAC			
Street Address 8522 Starlight Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Opening A/c.		
City Reynoldsburg		State OH <input checked="" type="checkbox"/>		Zip Code 43068		M 0		D 2	
						Y 0		Amount \$50.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH <input checked="" type="checkbox"/>		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 OH <input checked="" type="checkbox"/>		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 OH <input checked="" type="checkbox"/>		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 OH <input checked="" type="checkbox"/>		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 also appear. [R.C. 3517.10(B)(4)]