## **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, if PAC				
Joe Begeny								
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
8840 Kingsley Dr	<b>J</b>				Cash			
City	State	Zip Code	M	D	Y	Amount		
Reynoldsburg	OH	43068	0 5	0.2	1:7	1	20.00	
Full Name of Contributor	<del></del>				ber, if PA	C		
James H Rodenmayer								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chee	ck, etc.)	
1020 Ruskin Dr	} ``				Check			
City	State	Zip Code	М	D	Y	Amount		
Reynoldsburg	ОН	43068	0 5	0 2	1 7	1	100.00	
Full Name of Contributor	Registration Number, if Pa					C		
Joseph S Begeny								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)		
						Check		
8840 Kingsley Dr	State	Zip Code	М	D	Y	Amount		
<b>2</b> -	OH	43068		0 2	ł	I	200.00	
Reynoldsburg Full Name of Contributor	<u> </u>	<del>1</del> 0000			ber, if PA	VC	200.00	
<b>S</b>			in Cgisila	aron 14ull				
Andrew G Merritt Street Address	Employee/Or	ation/Labor Organization*	ــــــ			Form (Cash, Che	ck, etc.)	
	Employer/Occupation/Labor Organization*					Check	J., 000.j	
2674 Queensway Dr	State	Zip Code	M	D	ΙΥ	Amount		
City	State H	) ·	l l	L	1 .	, sinount	75.00	
Grove City	Он	43123	0.7			<u>.                                    </u>	75.00	
Full Name of Contributor  Registration Number, if PAC								
Alexis J Begeny								
Street Address	Employer/Occupation/Labor Organization*					1	Form (Cash, Check, etc.)	
5378 Medallion Dr E	<del> </del>	Tz: 6.1	132	T	Tv	Check		
City	State	Zip Code	M	D	Y	Amount	100.00	
Westerville	O H	43082	0 7			<u></u>	100.00	
Full Name of Contributor Registration Number, if PAC								
Margaret Mary A Luzny								
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
486 Woggener Rd	<del> </del>				1	Check		
City	State	Zip Code	M	D	Y	Amount	<b>55</b> 00	
Reynoldsburg	O H	43068			1 7		25.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	AC .		
Stonewall Democrats of Central Ohio	<del></del>		<u> </u>					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
340 E Fulton St	1	<u></u>				Check		
City	State	Zip Code	М	D	Y	Amount	100.00	
Columbus	O H	43215	0.8				100.00	
Full Name of Contributor Registration Number, if PAC								
Andrew G Merritt								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2674 Queensway Dr				Check				
City	State	Zip Code	M	D	Y	Amount		
Grove City	O H	43123	0.8	2 9	1 7	<u> </u>	250.00	
. 10		idean If a subsident as in salf ampl	loved the	occupatio	n and the	name of the		

\* 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 \$ 870.00