

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Begeny							
Full Name of Contributor Joe Begeny					Registration Number, if PAC		
Street Address 8840 Kingsley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 5	Y 0	Amount 20.00	
Full Name of Contributor James H Rodenmayer					Registration Number, if PAC		
Street Address 1020 Ruskin Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 5	Y 0	Amount 100.00	
Full Name of Contributor Joseph S Begeny					Registration Number, if PAC		
Street Address 8840 Kingsley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 5	Y 0	Amount 200.00	
Full Name of Contributor Andrew G Merritt					Registration Number, if PAC		
Street Address 2674 Queensway Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0	D 7	Y 0	Amount 75.00	
Full Name of Contributor Alexis J Begeny					Registration Number, if PAC		
Street Address 5378 Medallion Dr E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0	D 7	Y 0	Amount 100.00	
Full Name of Contributor Margaret Mary A Luzny					Registration Number, if PAC		
Street Address 486 Woggener Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 8	Y 1	Amount 25.00	
Full Name of Contributor Stonewall Democrats of Central Ohio					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 0	D 8	Y 2	Amount 100.00	
Full Name of Contributor Andrew G Merritt					Registration Number, if PAC		
Street Address 2674 Queensway Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0	D 8	Y 2	Amount 250.00	

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

Page Total \$ 870.00