

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Begeny							
Full Name of Contributor Lisa C Zavatchan					Registration Number, if PAC		
Street Address 61 Kennebec Pl W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 2 5 1 7	Amount 25.00	
Full Name of Contributor Tim Gibson					Registration Number, if PAC		
Street Address 4632 Winterset Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43220	M 0	D 9	Y 2 5 1 7	Amount 25.00	
Full Name of Contributor Kristin Bryant					Registration Number, if PAC		
Street Address 387 Cheyenne Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 9	Y 2 5 1 7	Amount 60.00	
Full Name of Contributor Grace Cherrington					Registration Number, if PAC		
Street Address 4018 Courter Rd SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Pataskala	State O H	Zip Code 43062	M 0	D 9	Y 2 5 1 7	Amount 60.00	
Full Name of Contributor Andrew Kohn					Registration Number, if PAC		
Street Address 542 Mount Parnasses		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Granville	State O H	Zip Code 43023	M 0	D 9	Y 2 5 1 7	Amount 50.00	
Full Name of Contributor Michael A Bond					Registration Number, if PAC		
Street Address 1349 Crestview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 9	Y 2 5 1 7	Amount 25.00	
Full Name of Contributor Rebecca L Higgins					Registration Number, if PAC		
Street Address 2639 Fairland St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cuyahoga Falls	State O H	Zip Code 44221	M 0	D 9	Y 2 5 1 7	Amount 100.00	
Full Name of Contributor Steven A Begeny					Registration Number, if PAC		
Street Address 96 Daniel Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 2 5 1 7	Amount 100.00	

* 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 \$ 445.00