Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Joe Begeny								
Full Name of Contributor	outor			Registration Number, if PAC				
Lisa C Zavatchan								
Street Address	Employer/Occu	ipation/Labor Organization	*				Form (Cash, Check, etc.)	
61 Kennebec Pl W						Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	O H	43081	0 9	2.5	1 7		25.00	
Full Name of Contributor					ber, if PA	C		
Tim Gibson			1					
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
4632 Winterset Dr		de la constant de la				Cash		
City	State	Zip Code	M	D	ΙΥ	Amount		
Columbus	ОН		0 9	l .	1		25.00	
Full Name of Contributor		43220			ber, if PA		25.00	
1			Registra	ition itali	001, 11 1 7 1			
Kristin Bryant Street Address	Employar/Oca	ipation/Labor Organization				Form (Cosh, C	naak ota)	
	Linployer/Occi	ipation Labor Organization				Form (Cash, Check, etc.)		
387 Cheyenne Way		7: C-1:		1 5	T 52	Cash		
	State H	Zip Code	M	D	Y	Amount	(0.00	
Reynoldsburg	O H	43068	0 9			<u></u>	60.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Grace Cherrington								
Street Address	Employer/Occi	pation/Labor Organization*	*			Form (Cash, Cl	neck, etc.)	
4018 Courter Rd SW						Cash		
City	State	Zip Code	M	D	Y	Amount		
Pataskala	O H	43062	0 9	2 5	1 7		60.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Andrew Kohn								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
542 Mount Parnasses						Cash		
City	State	Zip Code	М	D	Y	Amount		
Granville	OH	43023	10 9	2.5	1 7		50.00	
Full Name of Contributor	·		Registra		ber, if PA	С		
Michael A Bond			ł					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
1349 Crestview	{					Check		
City	State	Zip Code	M	D	Υ	Amount		
Reynoldsburg	ОН			1	1:7		25.00	
Full Name of Contributor		45000			ber, if PA		25.00	
Rebecca L Higgins			registra		001, 11 1 1 1			
Street Address	Employar/Oag	unation/Labor Organization				Form (Cash, Cl	and etc.)	
	Employer/Occi	Employer/Occupation/Labor Organization*					ieck, etc.)	
2639 Fairland St		Ta: 6 i		1-5-	r	Check		
City	State	Zip Code	$\begin{bmatrix} M \\ 0 \end{bmatrix}$	2 5	Y	Amount	100.00	
Cuyahoga Falls	10 11	O H 44221				<u> </u>	100.00	
Full Name of Contributor			Registra	non Num	ber, if PA	L		
Steven A Begeny								
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
96 Daniel Dr						Check		
City	State	Zip Code	M	D	Y	Amount		
Westerville	O H	10001	0 9	2.5	1:7	<u> </u>	100.00	
1.0	1 1 1 1	did a . TC	A			noma of the		

Page Total	\$ 445	.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)]