

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Begeny							
Full Name of Contributor Dodd for Ohio					Registration Number, if PAC		
Street Address 256 Wilshire Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hebron	State O H	Zip Code 43025	M 0	D 9	Y 2 5 1 7	Amount 100.00	
Full Name of Contributor Marshall A Spalding					Registration Number, if PAC		
Street Address 1940 Glenford Ct		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 100.00	
Full Name of Contributor Jeremy Eugene Blake					Registration Number, if PAC		
Street Address 71 Gainor Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Newark	State O H	Zip Code 43055	M 0	D 9	Y 2 5 1 7	Amount 100.00	
Full Name of Contributor Richard Brown/Richard D Brown Law Office LLC					Registration Number, if PAC		
Street Address 3 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0	D 9	Y 2 5 1 7	Amount 150.00	
Full Name of Contributor Citizens for Kim Maggard					Registration Number, if PAC		
Street Address 600 Link Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Whitehall	State O H	Zip Code 43213	M 0	D 9	Y 2 5 1 7	Amount 150.00	
Full Name of Contributor Melissa A Carter					Registration Number, if PAC		
Street Address 960 Sara Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pataskala	State O H	Zip Code 43062	M 0	D 9	Y 2 5 1 7	Amount 150.00	
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 9	Y 2 5 1 7	Amount 150.00	
Full Name of Contributor Gary L Baker II					Registration Number, if PAC		
Street Address 395 Winding Willow Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0	D 9	Y 2 9 1 7	Amount 25.00	

* 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 \$ 925.00