

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Weiss							
Full Name of Contributor Courtney E. Combs					Registration Number, if PAC		
Street Address 311 Nilles., Suite F		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Fairfield	State O H	Zip Code 45014	M 0 3	D 0 7	Y 0 7	Amount 250.00	
Full Name of Contributor Franklin County Forum					Registration Number, if PAC		
Street Address 6681 Markwood		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 5	D 1 8	Y 0 7	Amount 25.00	
Full Name of Contributor Jeanne Shell					Registration Number, if PAC		
Street Address 655 Providence Ave., Apt. K		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 6	D 1 4	Y 0 7	Amount 25.00	
Full Name of Contributor Delores Jean Kelley					Registration Number, if PAC		
Street Address 4000 Bowen Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 6	D 2 6	Y 0 7	Amount 50.00	
Full Name of Contributor Travis Lockney					Registration Number, if PAC		
Street Address 3880 Dogwood St., NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Uniontown	State O H	Zip Code 44685	M 0 7	D 0 3	Y 0 7	Amount 25.00	
Full Name of Contributor Eddie Pauline					Registration Number, if PAC		
Street Address 1495 W. 6th Ave., Apt. B		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 7	D 0 3	Y 0 7	Amount 75.00	
Full Name of Contributor Amanda Cooper					Registration Number, if PAC		
Street Address 1591 Presidential Dr., Apt. B3		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 7	D 0 3	Y 0 7	Amount 50.00	
Full Name of Contributor Emily Pettigrew					Registration Number, if PAC		
Street Address 6873 Springhouse Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43229	M 0 7	D 0 3	Y 0 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 \$ 525.00