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Statement of Contributions Received

Prescribed by Secretary of State 3/05

No. 10 No. 10 No. 10								
Name of Committee in Full								
Friends For Weiss				la :		157	_	
Full Name of Contributor				Registration Number, if PAC				
Jarrod Weiss	<u> </u>							
Street Address	Employe	r/Occupa	ition/Labor Organization*				Form (Cash, Chec	k, etc.)
878 Carolyn Ave.	↓						Check	
City	1	ate	Zip Code	M	D	Y	Amount	
Columbus		Н	43224	0 7		0 7		50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.c	
Erik Yassenoff								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2260 Swanesa Rd.	ļ						Check	
City	Su	ate	Zip Code	М	D	Y	Amount	
Upper Arlington		H	43221	017		0 7		30.00
Full Name of Contributor Registration Number, if PAC								
James Conway			 					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash			k, etc.)
647 Harley Dr., Apt. 4							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43202		013			25.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.c	
Ryan Bertram								
Street Address	Employe	г/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)	
202 Frankfort Sq.	-						Check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Columbus		Н	43206	017	0 5	0 7		25.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.c	
Michael Arens								
Street Address	Employe	г/Оссцра	ation/Labor Organization*	_			Form (Cash, Chec	k, etc.)
4883 Christie Falls							Check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43221	017	0 7	0 7		75.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.c ""	
Eric Weldele								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3127 Menzola Dr.	1						Cash	
City	St	ate	Zip Code	M	D	Y	Amount	-
Columbus	101	H	43228	0 8	2 4	0 7		100.00
Full Name of Contributor						ber, if PA		
Julie Ault								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1741 Stouder Dr.						Check		
City	St	ate	Zip Code	М	D	Y	Amount	
Reynoldsburg		H	43068	019	0 3	0 7		30.00
Full Name of Contributor Registration Number, if PAC								
Manish Lamba								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
8501 Brownes Pond Ln.					Check			
City	St	ate	Zip Code	М	D	Y	Amount	
Charlotte	N	l C	28277	0 8	1 5	017		150.00
sound for contributions from individuals over \$100 to statewide and gen			1 16 17 1 16 1					

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 \$ 485.00