31-A	
R C 3517	10

Page	1
_	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

		. 					
Name of Committee in Full							
Friends for Weiss		, , ,					
Full Name of Contributor			Registra	tration Number, if PAC			
Committee for Jim Hughes							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
14 E. Gay St 2nd Floor						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43215	110	1 9	017	l	150.00
Full Name of Contributor					ber, if PA	.C	
Citizens for Kevin Bacon							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
5325 Ponderosa Dr.						Check	
City	State	Zip Code	М	D	ΙŸ	Amount	
Columbus	ОТН		110		017		50.00
Full Name of Contributor		10201			ber, if PA	C	50.00
Kim McGinty			[, / 1	: -	
Street Address	Egonbour / Door	pation/Labor Organization*				Form (Cash, Che	rk etc l
	Lampio, arocca	panou Labor Organization					a, cu.,
1282 Bosworth Sq. N.	Ci-i-	120-0-1	1 37		T	Check	
City	State O H	Zip Code	M	D	Y	Amount	50.00
Columbus	ОН	43229			017		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.c	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
			_				
City	State	Zip Code	м	D	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
i							
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
					Ì		
City	State	Zip Code	М	D	Y	Amount	
		1	1	1			
Full Name of Contributor			Registra	boo Num	ber, if PA	C	
					,		
treet Address Employer/Occupation/Labor Organization*				Form (Cash, Che	rk etc.)		
Super Palaces					,		
City	State	Zip Code	М	D	Y	Amount	
C Lly	State	Zip Code] "			A	
5.00			<u> </u>		ber, if PA	<u> </u>	
Full Name of Contributor			ikegisuz	IIOU IAIUD	ioer, 11 FA	i.C	
						- is to	.
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	ck, etc.)		
City	State	Zip Code	M	D	Y.	Amount	
				ļ			
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
						l	
City	State	Zip Code	М	D	Y	Amount	
ł		1	1 1	1			
and the control of the individuals on \$100 to control of		<u> </u>			1.4		

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is sett-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 \$	250.00