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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends for Weiss								
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Courtney E. Combs								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
311 Nilles., Suite F							Check	
City	Sta	ate	Zip Code	M	D	Y	Amount	
Fairfield	0	Н	45014	03	0 7	0 7		250.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.c	
Franklin County Forum								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)
6681 Markwood							Check	
City	Sta	ate	Zip Code	M	D	Y	Amount	
Worthington	101	H	43085	0 5	1 8	0 7		25.00
Full Name of Contributor	_				tion Num		.c	
Jeanne Shell								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)
655 Providence Ave., Apt. K	' '	•	Ü				Check	. ,
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43214	0 6				25.00
Full Name of Contributor			10211		tion Num		C	20.00
Delores Jean Kelley				rtogiour			.0	
Street Address	Employe	т/Оссира	ation/Labor Organization*				Form (Cash, Che	ck etc.)
4000 Bowen Rd.	Епфюус	посоцра	MOIN ENDOT OF GUILLEURON				Check	ж, ото. ј
City	S+-	ate	Zip Code	М	D	Y	Amount	
Canal Winchester		H	43110	I .	1 .		Allouit	50.00
Full Name of Contributor	U	11	43110	0 6			C	30.00
Travis Lockney Street Address	F1	-/0	dia / Talan Organization *				Farm (Cook Char	al4- \
	Employe	n/Occupa	ation/Labor Organization*				Form (Cash, Chec	ik, etc.)
3880 Dogwood St., NW			la: o i	1 37			Check	
City		ate H	Zip Code	M	D	Y	Amount	25.00
Uniontown	О	11	44685	0 7		0 7		25.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Eddie Pauline								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1495 W. 6th Ave., Apt. B			1				Check	
City		ate	Zip Code	M	D	Y	Amount	 00
Columbus	0	H	43212		0 3			75.00
Full Name of Contributor				Registra	tion Num	ber, if PA	c	
Amanda Cooper								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)
1591 Presidential Dr., Apt. B3							Check	
City	Sta	ate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43212	0 7	0 3	0 7		50.00
Full Name of Contributor Registration Number, if PAC								
Emily Pettigrew								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
6873 Springhouse Ln.							Check	
City	Sta	ate	Zip Code	М	D	Ÿ	Amount	
Columbus	0	Н	43229	0 7	0 3	0 7		25.00

Dago Total C FOF OO		
Page Total 5 525.00	Page Total \$	525.00

^{*} 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)]