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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				Registration Number, if PAC				
Committee for Jim Hughes								
Street Address	Employer/Occu	pation/Labor Organization*	-			Form (Cash, Check, etc.)		
14 E. Gay St 2nd Floor	_			Check				
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43215	1 0	1 9	017	150.00		
Full Name of Contributor	.c							
Citizens for Kevin Bacon								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
5325 Ponderosa Dr.					Check			
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43231	1 0	1 9	0 7	50.00		
Full Name of Contributor	,			tion Num		C		
Kim McGinty								
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)		
1282 Bosworth Sq. N.						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	$O \mid H$	43229	1 0	2 9	0 7	50.00		
Full Name of Contributor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ition Num		C		
			1					
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)		
						·		
City	State	Zip Code	М	D	Y	Amount		
			1 1	1	1			
Full Name of Contributor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Registra	ition Num	ber, if PA	C		
			1					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
			1 1					
Full Name of Contributor			Registra	ation Num	ber, if PA	C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
			1 1	1				
Full Name of Contributor		· ······························	Registra	tion Num	ber, if PA	C		
			1					
Street Address	Employer/Occur	pation/Labor Organization*	- 			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
				1				
Full Name of Contributor	C							
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
						, , , , , , , , , , , , , , , , , , , ,		
City	State	Zip Code	М	D	Y	Amount		
L					L	L		

* 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 \$ 250.00