

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends For Weiss							
Full Name of Contributor Jarrold Weiss					Registration Number, if PAC		
Street Address 878 Carolyn Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43224	M 0 7	D 0 5	Y 0 7	Amount 50.00	
Full Name of Contributor Erik Yassenoff					Registration Number, if PAC		
Street Address 2260 Swanesa Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 7	D 0 3	Y 0 7	Amount 30.00	
Full Name of Contributor James Conway					Registration Number, if PAC		
Street Address 647 Harley Dr., Apt. 4		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43202	M 0 7	D 0 3	Y 0 7	Amount 25.00	
Full Name of Contributor Ryan Bertram					Registration Number, if PAC		
Street Address 202 Frankfort Sq.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 7	D 0 5	Y 0 7	Amount 25.00	
Full Name of Contributor Michael Arens					Registration Number, if PAC		
Street Address 4883 Christie Falls		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 7	D 0 7	Y 0 7	Amount 75.00	
Full Name of Contributor Eric Weldele					Registration Number, if PAC		
Street Address 3127 Menzola Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43228	M 0 8	D 2 4	Y 0 7	Amount 100.00	
Full Name of Contributor Julie Ault					Registration Number, if PAC		
Street Address 1741 Stouder Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 9	D 0 3	Y 0 7	Amount 30.00	
Full Name of Contributor Manish Lamba					Registration Number, if PAC		
Street Address 8501 Brownes Pond Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Charlotte	State N C	Zip Code 28277	M 0 8	D 1 5	Y 0 7	Amount 150.00	

* 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 \$ 485.00