

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends For Weiss									
Full Name of Contributor Kathleen Eagan						Registration Number, if PAC			
Street Address 2613 Marblevista Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43204	M 0   9	D 0   8	Y 0   7	Amount 50.00			
Full Name of Contributor Debbie Mason						Registration Number, if PAC			
Street Address 13716 Mottlestone Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington	State O   H	Zip Code 43147	M 0   9	D 1   1	Y 0   7	Amount 50.00			
Full Name of Contributor Bradford Barger						Registration Number, if PAC			
Street Address 5902 Aqua Bay Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43235	M 0   9	D 2   9	Y 0   7	Amount 25.00			
Full Name of Contributor Michelle Mosier						Registration Number, if PAC			
Street Address 5902 Aqua Bay Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43235	M 0   9	D 2   9	Y 0   7	Amount 25.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			

\* 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 \$ 150.00