

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends for Weiss							Registration Number, if PAC			
Full Name of Candidate Jarrold Weiss										
Street Address 878 Carolyn Ave.						Office Sought School Board			District Columbus	
City Columbus							State O H		Zip Code 43224	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M 1 1	D 0 6	Y 0 7

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 332.99
2. Total monetary contributions (From Form No. 31-A)	\$ 250.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 582.99
5. Total monetary expenditures (From Form No. 31-B)	\$ 500.00
6. Balance on hand (line 4 minus line 5)	\$ 82.99
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

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 CLERK OF COMMONS

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Print Name and Title (Treasurer and Deputy Treasurer only)	Signature	Date
Contribution pages <u> 1 </u>	Expenditure pages <u> 1 </u>	Total pages <u> 2 </u>

Statement of Contributions Received

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Name of Committee in Full Friends for Weiss							
Full Name of Contributor Committee for Jim Hughes					Registration Number, if PAC		
Street Address 14 E. Gay St. - 2nd Floor			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 1 0	D 1 9	Y 0 7	Amount 150.00
Full Name of Contributor Citizens for Kevin Bacon					Registration Number, if PAC		
Street Address 5325 Ponderosa Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43231	M 1 0	D 1 9	Y 0 7	Amount 50.00
Full Name of Contributor Kim McGinty					Registration Number, if PAC		
Street Address 1282 Bosworth Sq. N.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43229	M 1 0	D 2 9	Y 0 7	Amount 50.00
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
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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Weiss													
To Whom Paid I Know I Can							M	D	Y	Amount			
							1	0	2	9	0	7	500.00
Address 603 East Town Street				Purpose Charitable Donation									
City Columbus		State O H		Zip Code 43215		Check Number 508							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
To Whom Paid							M	D	Y	Amount			