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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Joe Erb								
Full Name of Contributor			Denistra	tion Num	ber, if PA	.С		
Gary Koch			Registra	CION I TUNI	061, 11 171			
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Che	rck etc.)	
5381 Adventure Drive	Self Employed/Lobbyist					Check		
City	State	Zip Code	Тм	D	ΙΥ	Amount		
Dublin	OH	43017		$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 1$	1 1 1	Angun	100.00	
Full Name of Contributor	OII	1-1-0017			ber, if PA	C	100.00	
Al Komjathy			Registra	ou rum	001, 11 171			
Street Address	IEmniover/Occup	ation/Labor Organization*	Ц			Form (Cash, Che	ck etc)	
142 West State Street	AJK Consultants/Lobbyis					Check		
City .	State	Zip Code		D	Y	Amount		
Trenton	NI I	08608	0 2	2 2	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 1$	· · · · · · · · · · · · · · · · · · ·	100.00	
Full Name of Contributor	1111	1 00000			ber, if PA	C	100.00	
. Stephanie Kunze			regiona			.0		
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
5307 Franklin Street	1	ıld Hopkins/Const	iltant			Check	,	
City	State	Zip Code	M	D	Y	Amount		
Hilliard	OH	43026	0 2	2 3	$\begin{bmatrix} 1 & 1 \end{bmatrix}$		100.00	
Full Name of Contributor	1011,	10020			ber, if PA	C	100.00	
Jeffrey Lehner								
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Che	eck, etc.)	
490 Wyndham Ridge Drive		rm/Insurance Age	nf			Check	,	
City	State	Zip Code	Тм	D	Y	Amount		
Columbus	OHI	43207	012	2 3	$ _{1 _{1}}$		100.00	
Full Name of Contributor					ber, if PA	Ċ	100100	
Toby Lichtle			`					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
4681 Snowy Meadow Drive	Strategio	Public Partners/C	Consu	Itant		Check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	OHI	43123	0 2	2 3	111	-	100.00	
Full Name of Contributor		<u></u>	_		ber, if PA	C		
Christine Mayernik]					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
124 Beaver Creak Ct.	Homemaker					Check		
City	State	Zip Code	М	D ·	Y	Amount		
Sewickley	PA	15143	0 2	2 3	1 1		100.00	
Full Name of Contributor					ber, if PA			
Tim Mckinney								
Street Address	Employer/Occupa	ation/Labor Organization*	•			Form (Cash, Che	ck. etc.)	
363 Shawswick Station Road	Self Employed/Consultan					Check		
City	State	Zip Code	М	D	Y	Amount		
Bedford	IN	47421	0 2	2 3	1 1		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	ı.C		
Patrick Melton								
Street Address	Employer/Occup	ation/Labor Organization*			7	Form (Cash, Che	ck, etc.)	
3053 Meadows Glen <u>C</u> t.	Strategic Public Partners/Consultant Check							
City	State	Zip Code	М	D	Y	Amount		
Dublin	OH	43017	0 2	2 3	1 1	Ì	100.00	

000.00	Page Total \$	800.00
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^{*} 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)]