

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Erb							
Full Name of Contributor Eric Weldele					Registration Number, if PAC		
Street Address 3127 Menzola Drive		Employer/Occupation/Labor Organization* PUCO/Chief of Staff			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43228	M 0	D 2	Y 2	Amount 250.00	
Full Name of Contributor Tom Whatman					Registration Number, if PAC		
Street Address 6650 Stoffer Road		Employer/Occupation/Labor Organization* Team Boehner/Chief of Staff			Form (Cash, Check, etc.) Check		
City Bellville	State OH	Zip Code 44813	M 0	D 2	Y 2	Amount 250.00	
Full Name of Contributor Tucker Cope					Registration Number, if PAC		
Street Address 170 Duquesne St		Employer/Occupation/Labor Organization* C. Tucker Cope and Associates			Form (Cash, Check, etc.) Check		
City Columbiana	State OH	Zip Code 44408	M 0	D 4	Y 1	Amount 300.00	
Full Name of Contributor Gordon Gough					Registration Number, if PAC		
Street Address 50 West Broad Street #2020		Employer/Occupation/Labor Organization* Ohio Council of Retail Merchants/Lobbyis			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 3	Y 0	Amount 300.00	
Full Name of Contributor W. Thomas Mackall					Registration Number, if PAC		
Street Address PO Box 567		Employer/Occupation/Labor Organization* Coal Operator			Form (Cash, Check, etc.) Check		
City North Lima	State OH	Zip Code 44452	M 0	D 4	Y 1	Amount 300.00	
Full Name of Contributor Doug Reffitt					Registration Number, if PAC		
Street Address 1394 Courtright Road		Employer/Occupation/Labor Organization* Ohio and Vecinity Reginoal Council fo Car			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43227	M 0	D 3	Y 1	Amount 300.00	
Full Name of Contributor John Sebo					Registration Number, if PAC		
Street Address 1790 Quaker Lane		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Salem	State OH	Zip Code 44460	M 0	D 4	Y 1	Amount 300.00	
Full Name of Contributor Todd Bergdoll					Registration Number, if PAC		
Street Address 1650 Arlington Ave		Employer/Occupation/Labor Organization* Ohio Health Care Association/Lobbyist			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 0	D 2	Y 2	Amount 350.00	

* 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)]