

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Joe Erb					Registration Number, if PAC	
Full Name of Contributor William Kennedy			Employer/Occupation/Labor Organization*		Amount	
Street Address 2329 Parkway Drive		City Poland		State OH		Zip Code 44515
Form (Cash, Check, etc.) Check		M 0		D 4	Y 0	Amount \$225.00
Full Name of Contributor Thomas Mackall			Employer/Occupation/Labor Organization*		Amount	
Street Address PO Box 567		City North Lima		State OH		Zip Code 44452
Form (Cash, Check, etc.) Check		M 0		D 4	Y 0	Amount \$250.00
Full Name of Contributor Stephanie Kunze			Employer/Occupation/Labor Organization*		Amount	
Street Address 865 Macon Alley		City Columbus		State OH		Zip Code 43206
Form (Cash, Check, etc.) Check		M 0		D 4	Y 0	Amount \$250.00
Full Name of Contributor Brian Daniels			Employer/Occupation/Labor Organization*		Amount	
Street Address 4534 Boca ct		City Columbus		State OH		Zip Code 43230
Form (Cash, Check, etc.) Check		M 0		D 4	Y 0	Amount \$100.00
Full Name of Contributor Zachary Male			Employer/Occupation/Labor Organization*		Amount	
Street Address 2829 Lakeline Blvd Unit 1232		City Cedar Park		State TX		Zip Code 78613
Form (Cash, Check, etc.) Check		M 0		D 4	Y 0	Amount \$250.00
Full Name of Contributor Michael Rulli			Employer/Occupation/Labor Organization*		Amount	
Street Address 4331 Kirk Road		City Youngstown		State OH		Zip Code 44511
Form (Cash, Check, etc.) Check		M 0		D 4	Y 0	Amount \$250.00
Full Name of Contributor Brent Baker			Employer/Occupation/Labor Organization*		Amount	
Street Address		City		State OH		Zip Code
Form (Cash, Check, etc.) Cash		M 0		D 4	Y 0	Amount \$60.00

* 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 also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,385.00**