

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Erb							
Full Name of Contributor Denise Larr					Registration Number, if PAC		
Street Address 455 Slate Run Drive		Employer/Occupation/Labor Organization* CWS Government Relations/Lobbyist			Form (Cash, Check, etc.) Check		
City Powell	State OH	Zip Code 43065	M 0	D 3	Y 1	Amount 50.00	
Full Name of Contributor John Michaels					Registration Number, if PAC		
Street Address 5299 Ponderosa Drive		Employer/Occupation/Labor Organization* State of Ohio/ Auditor			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43231	M 0	D 2	Y 1	Amount 50.00	
Full Name of Contributor Aaron Ockerman					Registration Number, if PAC		
Street Address 657 Concord Ct.		Employer/Occupation/Labor Organization* Grant Street Consultants/Lobbyist			Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43081	M 0	D 3	Y 1	Amount 50.00	
Full Name of Contributor Connor Patton					Registration Number, if PAC		
Street Address 830 City Park Ave		Employer/Occupation/Labor Organization* McDonald Hopkins/Consultant			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43206	M 0	D 2	Y 1	Amount 50.00	
Full Name of Contributor Mark Rhea					Registration Number, if PAC		
Street Address 10516 Torrington Drive		Employer/Occupation/Labor Organization* Child Support Enforcement Agency/Attorn			Form (Cash, Check, etc.) Check		
City Powell	State OH	Zip Code 43065	M 0	D 2	Y 1	Amount 50.00	
Full Name of Contributor Sheila Ross					Registration Number, if PAC		
Street Address 1060 Sells Avenue W. Apt H		Employer/Occupation/Labor Organization* Strategic Public Partners Group/Consultan			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 0	D 2	Y 1	Amount 50.00	
Full Name of Contributor Pete Scranton					Registration Number, if PAC		
Street Address 1983 North County Road 198		Employer/Occupation/Labor Organization* Columbus City Attorneys Office/Attorney			Form (Cash, Check, etc.) Check		
City Fremont	State OH	Zip Code 43420	M 0	D 2	Y 1	Amount 50.00	
Full Name of Contributor Michael Senich					Registration Number, if PAC		
Street Address 7280 Wyandot Lane		Employer/Occupation/Labor Organization* Student			Form (Cash, Check, etc.) Check		
City Liberty Township	State OH	Zip Code 45044	M 0	D 2	Y 1	Amount 50.00	

* 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)]