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

Event Date	2/26/15
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full		<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	
Friends of Joe Erb					
Full Name of Contributor			Registration Number, if Pa	Registration Number, if PAC	
Don Schonhardt					
Street Address		Employer/Occupation/Labor Organization* City of Hilliard/Mayor		Amount \$100.00	
5307 Franklin St	1 -			\$100.00	
City		ip Code	Form (Cash, Check, etc.)		
Hilliard	OH	43026	Check	16	
Full Name of Contributor			Registration Number, if P.	AC.	
Tom Baker			M D Y	Amount	
Street Address		Employer/Occupation/Labor Organization* City Of Hilliard/Councilman		Amount \$35.00	
4893 Brixton Drive			0 2 2 6 1 5 Form (Cash, Check, etc.)	400.00	
City	, , , , , , , , , , , , , , , , , , ,	ip Code A2026	Form (Cash, Check, etc.) Check	\star_{d_1}	
Hilliard	OH	43026	Registration Number, if P	AC	
Full Name of Contributor			regionation (varioer, 11 f		
Melinda Dennis		3 abor O	M D Y	Amount	
Street Address 5001 Droydon Poad	Employer/Occupation/		0 2 2 6 1 5	\$100.00	
5001 Drayton Road	<u> </u>	Stay at Home Mom			
City Hilliard	, ,	43026	Form (Cash, Check, etc.) Check	×* .	
Full Name of Contributor		-	Registration Number, if F	AC.	
Rachel Sanyk					
Street Address	Employer/Occupation	/Labor Organization*	M D Y	Amount	
3774 Stonesthrow Lane		Employer/Occupation/Labor Organization* Smile Hilliard/Dentist		\$50.00	
City City		Zip Code	0 2 2 6 1 5 Form (Cash, Check, etc.)		
Hilliard	OH	43026	Check		
Full Name of Contributor			Registration Number, if I	PAC	
Kathleen DeLand					
Street Address	Employer/Occupation	Employer/Occupation/Labor Organization*		Amount \$50.00	
2831 Parkwood Drive	Lobbyist				
City		Zip Code	Form (Cash, Check, ctc.) Check	2 . ?	
Troy	OH	45373		<u> </u>	
Full Name of Contributor			Registration Number, if	PAC	
Jennifer Mann			M D Y	TAme	
Street Address		Employer/Occupation/Labor Organization*		Amount \$250.00	
2331 Fox Meadow Drive		Consulting	0 2 2 6 1 4		
City	l l	Zip Code 18104	Form (Cash, Check, etc.) Check		
Allentown	PA PA		Registration Number, if		
Full Name of Contributor Mike Duffey			Nogranium Number, II		
Street Address		Employer/Occupation/Labor Organization*		Amount \$100.00	
645 Farrington Drive	•	State of Ohio/Representa		\$100.00	
City	Stal te 2	Zip Code	Form (Cash, Check, etc.)		
Worthington	OH	43085	Check		
* Required for contributions from individuals over	\$100 to statewide and General Assem	ably candidates. If contribu	itor is self-employed, the occ	upation and the name o	

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

\$2,145.00

Total expenditures this event.

\$520.00

\$685.00 Page Total \$

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)]