

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 Don Schonhardt			Employer/Occupation/Labor Organization*		Amount	
Street Address 5307 Franklin St		City Hilliard		State OH		Zip Code 43026
Form (Cash, Check, etc.) Check		M 0		D 2	Y 2	Amount \$100.00
Full Name of Contributor Tom Baker			Employer/Occupation/Labor Organization*		Amount	
Street Address 4893 Brixton Drive		City Hilliard		State OH		Zip Code 43026
Form (Cash, Check, etc.) Check		M 0		D 2	Y 2	Amount \$35.00
Full Name of Contributor Melinda Dennis			Employer/Occupation/Labor Organization*		Amount	
Street Address 5001 Drayton Road		City Hilliard		State OH		Zip Code 43026
Form (Cash, Check, etc.) Check		M 0		D 2	Y 2	Amount \$100.00
Full Name of Contributor Rachel Sanyk			Employer/Occupation/Labor Organization*		Amount	
Street Address 3774 Stonesthrow Lane		City Hilliard		State OH		Zip Code 43026
Form (Cash, Check, etc.) Check		M 0		D 2	Y 2	Amount \$50.00
Full Name of Contributor Kathleen DeLand			Employer/Occupation/Labor Organization*		Amount	
Street Address 2831 Parkwood Drive		City Troy		State OH		Zip Code 45373
Form (Cash, Check, etc.) Check		M 0		D 2	Y 2	Amount \$50.00
Full Name of Contributor Jennifer Mann			Employer/Occupation/Labor Organization*		Amount	
Street Address 2331 Fox Meadow Drive		City Allentown		State PA		Zip Code 18104
Form (Cash, Check, etc.) Check		M 0		D 2	Y 2	Amount \$250.00
Full Name of Contributor Mike Duffey			Employer/Occupation/Labor Organization*		Amount	
Street Address 645 Farrington Drive		City Worthington		State OH		Zip Code 43085
Form (Cash, Check, etc.) Check		M 0		D 2	Y 2	Amount \$100.00

* 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

\$2,145.00

Total expenditures this event.

\$520.00

Page Total \$ **\$685.00**