Event Date	2/26/15
Page	

Page Total \$

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		Desistration Number of PAC
Full Name of Contributor Gina Piacentino		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
88 E Broad Street	Strategic Energy Advisors	0 2 2 6 1 5 \$100.00
City	State Zip Code	Form (Cash, Check, etc.)
Columbus	OH 43215	Check
Full Name of Contributor		Registration Number, if PAC
Clyde Seidle		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
4733 Clubpark Drive	City of Hilliard	0 2 2 6 1 5 \$50.00
City	State Zip Code	Form (Cash, Check, etc.)
Hilliard	OH 43026	Check
Full Name of Contributor		Registration Number, if PAC
Charlotte Hickcox		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
1586 Arlington Avenue	Lobbyist	0 2 2 6 1 5 \$50.00
City	State Zip Code	Form (Cash, Check, etc.) Check
Marble Cliff	OH 43212	
Full Name of Contributor		Registration Number, if PAC
Tim Roberts		N I B I W I A MANUAL I
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 0 2 2 6 1 5 \$100.00
4548 Braithway Street	Norwich Township/Trustee	
City	State Zip Code	Form (Cash, Check, etc.) Check
Hilliard	OH 43026	Registration Number, if PAC
Full Name of Contributor Ken Collins		
Street Address	Employer/Occupation/Labor Organization*	0 2 2 6 1 5 Amount \$100.00
2769 Wellesley Road	RightRainLLC/Consultant	
City	State Zip Code OH 43209	Form (Cash, Check, etc.)
Columbus	OH 43209	
Full Name of Contributor Pete Scranton		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount \$35.00
416 W State St	Scranton Law Firm/Attorn	
City Columbus	State Zip Code OH 43420	Form (Cash, Check, etc.) Check
Full Name of Contributor		Registration Number, if PAC
Carrie Glaeden		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
1209 Lake Shore Drive	Franklin County/Judge	0 2 2 6 1 5 \$70.00
City	Stal te Zip Code	Form (Cash, Check, etc.)
Columbus	OH 43420	Check
* Required for contributions from individuals over	\$100 to statewide and General Assembly candidates. If contributor	is self-employed, the occupation and the name of

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	Total expenditures this event.		
\$0.00	\$0.00		\$505.00

^{*} 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)]