Page 14

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Joe Erb							
Full Name of Contributor				Registration Number, if PAC			
Ric Baird			registra	non ran	OC1, 11 17 C		
Street Address	Employer/Occu		Fc			eck, etc.)	
4280 Randmore Road	Govern	rict			Check	,	
City	State	Тм	D	Y	Amount		
Columbus	OH	Zip Code 43220	013	1111	1 1 1		250.00
					Registration Number, if PAC		
Michael Bolen							
Street Address	Employer/Oceu	-			Form (Cash, Che	eck, etc.)	
8 Hollycrest Drive	Hazlet	1/Teac	her		Check		
City	State	Zip Code	M	D	Y	Amount	
Brick Twp	NII	08723	012	2 3	1111		250.00
Full Name of Contributor	1, .				ber, if PA	С	
Andy Bowers							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)
612 N Park St Suite 200	Andy Bowers Associates/Le			ist		Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	013	1 0	1 1		250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Joseph Cilone			1				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)
1473 Lighthouse Ct	Tri-Stat				Check		
City	State	Zip Code	М	D	Y	Amount	
East Liverpool	OH	43920	0 2	2 3	1 1		250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Jim Hughes							
Street Address	Employer/Occu				Form (Cash, Che	eck, etc.)	
300 Spruce Street		Boyle, Burkholder/Lawyer				Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43215	0 2				250 <u>.00</u>
Full Name of Contributor	Registration Number, if PAC						
Michael Komaschka Employer/Occupation/Labor Organization*							
Street Address			_		Form (Cash, Check, etc.)		
4424 Moratock Lane			can/Regional Director			Check	
City	State	Zip Code	M	D	Y	Amount	
Clemmons	NC	27012			1 1		250.00
Full Name of Contributor			Registra	ition Num	ber. if PA	С	
Sunny Kumar		pation/Labor Organization*				In	
Street Address	1	n 1			Form (Cash, Che	eck, etc.)	
2564 Loring Street	Wells F		I 15	Lv	Check		
l ·	State	Zip Code 92109	M _A	D	Y 111	Amount	250.00
San Diego Full Name of Contributor	CA	92109	0 2		111 ber, if PA	C.	<u>250.00</u>
Brock Wanless			Registra	ition Num	ber, ii rA	C	
Street Address	Employer/Occupation/Labor Organization*				,	Form (Cash, Che	eck etc.)
1037 West Wellington Avenue					Check	can, cic.)	
City		ITW/Lobbyist State Zip Code M			Ý	Amount	
Chicago	IL	60657		213			250.00
Cincugo	ן יינג ן	0000/	1012	1413	1 7 7		20.00_

Page Total \$ 2,000.00

^{*} 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)]