

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					
Full Name of Contributor Christopher Adams				Registration Number, if PAC	
Street Address 4535 Nickerson Road		Employer/Occupation/Labor Organization* Bar Tender		M 0	D 2
City Columbus		State OH	Zip Code 43228	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Kelly Wick					
Street Address 1268 Thornwood Place		Employer/Occupation/Labor Organization* Attorney		M 0	D 2
City Columbus		State OH	Zip Code 43212	Y 1	Amount \$70.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Brian Altop					
Street Address 4618 Hoffman Farms Drive		Employer/Occupation/Labor Organization* ITP LLC/Owner		M 0	D 2
City Hilliard		State OH	Zip Code 43026	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Monica Robb					
Street Address 218 Canterbury Ct		Employer/Occupation/Labor Organization* Office of Lt. Gov/Field Rep		M 0	D 2
City Columbiana		State OH	Zip Code 44408	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Spencer Waugh					
Street Address 3263 Garrison Ct		Employer/Occupation/Labor Organization* Lobbyist/OREC		M 0	D 2
City Hilliard		State OH	Zip Code 43026	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Tana Koos					
Street Address 5115 DeLancey St		Employer/Occupation/Labor Organization* Worthington Schools/Teacher		M 0	D 2
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor John Francis					
Street Address 905 Cove Point Drive		Employer/Occupation/Labor Organization* City of Hilliard/ Communication		M 0	D 2
City Columbus		State OH	Zip Code 43228	Y 1	Amount \$50.00
Form (Cash, Check, etc.) 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 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$440.00**