Event Date	3/19/15	
Page		

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

		·		
Name of Committee in Full		<u> </u>		
Friends of Joe Erb				
Full Name of Contributor Denise Larr	Il Name of Contributor Denise Larr		Registration Number, if PAC	
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y	Amount
455 Slate Run Drive	Lobbyist		0 3 1 9 1 5	\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	* 1
Poweil	OH	43065	Check	
Full Name of Contributor			Registration Number, if Pa	AC
Cassie Folk				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
1537 Langdon Village Drive	RAI/Regional Director		0 3 1 9 1 5	\$100.00
City	Starte	Zip Code	Form (Cash, Check, etc.)	
Clemmons	NC NC	27012	Check	10
Full Name of Contributor			Registration Number, if Pa	40
Douglas Preisse			M D Y;	Amount
Street Address 41 S High Street		Employer/Occupation/Labor Organization* Franklin County GOP/Chair		\$250.00
City	State Zip Code		0 3 1 9 1 5 Form (Cash, Check, etc.)	Ψ200.00
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if P.	AC .
Shamus Cassidy				
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y	Amount
7650 Rivers Edge Drive	Cassidy Law/Attorney		0 3 1 9 1 5	\$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	\$ 1.
Columbus	OH	43235	Check	
Full Name of Contributor Jim O'Grady	•		Registration Number, if P.	AC
Street Address	Employer/Occupation/Labor Organization*		0 3 1 9 1 5	Amount
895 Macon Alley	Franklin	Franklin County/Judge		\$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	1
Full Name of Contributor Dave Mayernik			Registration Number, if P	AC
Street Address 124 Beaver Creek Ct	Employer/Occupation/Labor Organization* Lobbyist		0 3 1 9 1 5	Amount \$200.00
City Sewickly	State PA	Zip Code 15143	Form (Cash, Check, etc.) Check	1 V ⁴
Full Name of Contributor Pat Tully			Registration Number, if P	AC
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
7700 Hathaway Park Court	Employer Secupation Dator Significance		0 3 1 9 1 5	\$70.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Dublin	OH	43016	Check	
* Required for contributions from individuals over \$1			is self-employed, the occu	pation 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

otal contributions this event	Total expenditures this event.
\$0.00	\$0.00 Page Total \$ \$870.0

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)]