

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 Joe Kaiser			Registration Number, if PAC	
Street Address 389 Library Park Ct	Employer/Occupation/Labor Organization* Attorney		M D Y 0 3 1 9 1 5	Amount \$35.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cory Riffe			Registration Number, if PAC	
Street Address 4498 Ashview St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 9 1 5	Amount \$35.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tim Roberts			Registration Number, if PAC	
Street Address 4548 Braithway St	Employer/Occupation/Labor Organization* Norwich Township/Trustee		M D Y 0 3 1 9 1 5	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Teresa Edwards			Registration Number, if PAC	
Street Address PO BOX 126	Employer/Occupation/Labor Organization* Subpeona Services LLC		M D Y 0 3 1 9 1 5	Amount \$50.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cecily Ferris			Registration Number, if PAC	
Street Address 601 S High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 3 1 9 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kathy Navarre			Registration Number, if PAC	
Street Address 7154 Chadwood Ln	Employer/Occupation/Labor Organization* Nationwide Insurance		M D Y 0 3 1 9 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Nesbitt			Registration Number, if PAC	
Street Address 2657 Amberwick PL	Employer/Occupation/Labor Organization* Attorney		M D Y 0 3 1 9 1 5	Amount \$100.00
City Hilliard	State OH	Zip Code 43026	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.

\$0.00Page Total \$ **\$420.00**