Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | · ·· | |
|--|---|-------------------------------|--|-----------------------------|--------------------------|--------------------------|--|
| Friends of Joe Erb | | | | | | | |
| Full Name of Contributor Mike Parkes Sr. | | • | Registra | tion Num | ber, if PA | С | |
| Street Address | Employer Occups | rion/Labor Organization* | <u> </u> | | - | Form (Cash, Check, etc.) | |
| 32888 Carlene Lane | Employer/Occupation/Labor Organization* Von Roll WTI/Executive | | | | | Check | |
| City | | Zip Code | М | D | Y | Amount | |
| Lisbon | OH | 44432 | $\begin{bmatrix} M \\ 0 \end{bmatrix} 4$ | 1 1 1 | 1 1 | 400.00 | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Mike Carey | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 17 South High Street #215 | Move Ohio/Consultant | | | | | Check | |
| City | State | Zip Code | M D Y | | | Amount | |
| Columbus | OH | 43215 | 014 | 111 | 1 1 | 500.00 | |
| Full Name of Contributor | OII | 10210 | _ | | ber, if PA | | |
| Jacob Evans | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| 4903 Britton Farms Ct | Craig Gr | Craig Group/Lobbyist | | | Check | | |
| City | State | Zip Code | М | D | Y | Amount | |
| Hilliard | OH | 43026 | 0 2 | 213 | 1 1 | 500.00 | |
| Full Name of Contributor | | | | | ber, if PA | | |
| Victor Hipsley | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 17 South High Street | Governmental Policy Group | | | | | Check | |
| City | State | Zip Code | М | D | Y | Amount | |
| Columbus | OH | 43215 | 012 | 2 3 | 1 1 | 500.00 | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | С | |
| Brandon Lynaugh | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 1299 Avondale | Strategic | Public Partners/P | tners/Partner | | | Check | |
| City | State | Zip Code | М | Ð | Y | Amount | |
| Grandview Heights | OH | 43212 | 0 2 | 2 3 | 111 | 500.00 | |
| Full Name of Contributor | | 1 - 000 | Registra | tion Num | ber, if PA | С | |
| Berlis Thornsberry | | | | | | | |
| Street Address | Employer/Occupa | | | | Form (Cash, Check, etc.) | | |
| 804 Celine Ct | Retired | | | | Check | | |
| City | State | Zip Code | M | D | Y | Amount | |
| West Jefferson | OH | 43162 | 0 2 | 2 3 | 1 1 | 500.00 | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | С | |
| Charles Presley | , n = | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | |
| 401 Highland Avenue | Glamer/President | | | | | Check | |
| City | State | Zip Code | М | D | Y | Amount | |
| Salem | OH | 44460 | 0 4 | 1 1 | 111 | 1,000.00 | |
| Full Name of Contributor Registration Number, if I | | | | | ber, if PA | С | |
| Sean Mentel | | | | | | | |
| Street Address | Employer/Occupa | | | | Form (Cash. Check, etc.) | | |
| 88 East Broad St. #2000 | | fices of Sean Mentel/Attorney | | | Check | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Columbus | OH | 43215 | 0 4 | 1 1 | 1 1 | 500.00 | |

Page Total \$ 4,400.00

^{*} 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)]