

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				Registration Number, if PAC			
Full Name of Contributor Joseph Cilone		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 1473 Lighthouse Ct		Student		0	4	0915	\$150.00
City East Liverpool		State OH	Zip Code 43920	Form (Cash, Check, etc.) Check			
Full Name of Contributor Bryan Blakeman		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 197 Homestead Drive		City of Columbiana/Mayor		0	4	0915	\$150.00
City Columbiana		State OH	Zip Code 44408	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeffrey Hochadel		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 1046 Southridge Drive		Cleveland Vibrator Comp		0	4	0915	\$150.00
City Salem		State OH	Zip Code 44460	Form (Cash, Check, etc.) Check			
Full Name of Contributor Alan Weissen		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 10 N Stevens Place		The Blasdel Group/Consu		0	4	0915	\$150.00
City Hazlet		State NJ	Zip Code 07730	Form (Cash, Check, etc.) Check			
Full Name of Contributor Nicholas Amato		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 51315 Fieldstone Drive		Attorney		0	4	0915	\$150.00
City East Liverpool		State OH	Zip Code 43920	Form (Cash, Check, etc.) Check			
Full Name of Contributor Joseph Price		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 11670 Currier Ln		The Timken Company		0	4	0915	\$200.00
City Cincinnati		State OH	Zip Code 45249	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert Marra		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 15707 SR 644		Summitville/Mayor		0	4	0915	\$225.00
City Summitville		State OH	Zip Code 43962	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 \$ 1,175.00