

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Joe Erb						
Full Name of Contributor Padraic Buckley				Registration Number, if PAC		
Street Address 7106 Tyndale Street		Employer/Occupation/Labor Organization* Webber Merrit/Consultant			Form (Cash, Check, etc.) Check	
City McLean	State VA	Zip Code 22101	M 0	D 5	Y 1	Amount \$150.00
Full Name of Contributor Jeremy Dodgion				Registration Number, if PAC		
Street Address 1188 South High Street		Employer/Occupation/Labor Organization* Jeremy Dodgen Attorney at Law			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	M 0	D 5	Y 1	Amount \$200.00
Full Name of Contributor Hilliard Fundraiser				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Hilliard	State OH	Zip Code 43026	M 0	D 2	Y 2	Amount \$2,145.00
Full Name of Contributor Sydow Leis Fundraiser				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43215	M 0	D 3	Y 1	Amount \$2,535.00
Full Name of Contributor Spread Eagle Tavern Fundraiser				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Hanoverton	State OH	Zip Code 44423	M 0	D 4	Y 0	Amount \$4,250.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount

* 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)]

Page Total **\$9,280.00**