

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Erb							
Full Name of Contributor Travis Garrison					Registration Number, if PAC		
Street Address 122 Saint Julien Street		Employer/Occupation/Labor Organization* Humana/Lobbyist			Form (Cash, Check, etc.) Check		
City Worthington	State OH	Zip Code 43085	M 0	D 2	Y 1	Amount 100.00	
Full Name of Contributor Sam Gedart					Registration Number, if PAC		
Street Address 274 South 3rd Street Apt 1		Employer/Occupation/Labor Organization* Eroots/Owner			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 2	Y 1	Amount 100.00	
Full Name of Contributor Nathan Groff					Registration Number, if PAC		
Street Address 821 Rio Lindo Drive		Employer/Occupation/Labor Organization* Veritec Solutions/Owner			Form (Cash, Check, etc.) Check		
City Jacksonville	State FL	Zip Code 32207	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Ed Hastie					Registration Number, if PAC		
Street Address 1441 King Avenue		Employer/Occupation/Labor Organization* Self Employed/Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 0	D 4	Y 1	Amount 100.00	
Full Name of Contributor Adam Hewitt					Registration Number, if PAC		
Street Address 2618 Jefferson Estates CT.		Employer/Occupation/Labor Organization* Darryl Dever Associates/Lobbyist			Form (Cash, Check, etc.) Check		
City Blacklick	State OH	Zip Code 43004	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Jeff Hochadel					Registration Number, if PAC		
Street Address 409 East Second Street		Employer/Occupation/Labor Organization* Self Employed/Sales Consultant			Form (Cash, Check, etc.) Check		
City Salem	State OH	Zip Code 44460	M 0	D 2	Y 1	Amount 100.00	
Full Name of Contributor Melissa Huffman					Registration Number, if PAC		
Street Address 2804 Brownlee Avenue		Employer/Occupation/Labor Organization* Strategic Public Partners/Consultant			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 0	D 2	Y 1	Amount 100.00	
Full Name of Contributor Bill Keip					Registration Number, if PAC		
Street Address 192 Woodland Drive		Employer/Occupation/Labor Organization* Self Employed/Consultant			Form (Cash, Check, etc.) Check		
City Powell	State OH	Zip Code 43065	M 0	D 3	Y 1	Amount 100.00	

* 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)]