

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 Brian Katz			Registration Number, if PAC	
Street Address 180 Thurman Avenue	Employer/Occupation/Labor Organization* Franklin County Auditor		M 0	D 2
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$100.00
Full Name of Contributor Ron Clark			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 2
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$40.00
Full Name of Contributor Brett George			Registration Number, if PAC	
Street Address 3502 River Narrows Road	Employer/Occupation/Labor Organization* Anheuser Busch/Distributor		M 0	D 2
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$40.00
Full Name of Contributor Paul Carrick			Registration Number, if PAC	
Street Address 1501 S High Street	Employer/Occupation/Labor Organization* Double D's Pub/Owner		M 0	D 2
City Columbus	State OH	Zip Code 43207	Y 1	Amount \$100.00
Full Name of Contributor Adam Hamilton			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code	Y 1	Amount \$35.00
Full Name of Contributor Ray Massa			Registration Number, if PAC	
Street Address 1439 Boswell Drive	Employer/Occupation/Labor Organization* Musician/Self Employed		M 0	D 2
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$100.00
Full Name of Contributor Fredrick Pausch			Registration Number, if PAC	
Street Address PO BOX 211032	Employer/Occupation/Labor Organization* Lobbyist		M 0	D 2
City Upper Arlington	State OH	Zip Code 43221	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 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 \$ **\$515.00**