

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Erb							
Full Name of Contributor Aaron Senich					Registration Number, if PAC		
Street Address 7280 Wyandot Lane		Employer/Occupation/Labor Organization* Student			Form (Cash, Check, etc.) Check		
City Middletown	State OH	Zip Code 45044	M 0	D 2	Y 1	Amount 50.00	
Full Name of Contributor John Singleton					Registration Number, if PAC		
Street Address PO BOX 1081		Employer/Occupation/Labor Organization* Reynolds American/Communications			Form (Cash, Check, etc.) Check		
City Kernersville	State NC	Zip Code 27285	M 0	D 2	Y 1	Amount 50.00	
Full Name of Contributor Randy Thompson					Registration Number, if PAC		
Street Address 961 Bryansplace Road		Employer/Occupation/Labor Organization* Reynolds American/Director of LPA			Form (Cash, Check, etc.) Check		
City Winston-Salem	State NC	Zip Code 27104	M 0	D 2	Y 1	Amount 50.00	
Full Name of Contributor Mike Toman					Registration Number, if PAC		
Street Address 2659 Andover Road		Employer/Occupation/Labor Organization* Success Group/Lobbyist			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 0	D 4	Y 1	Amount 50.00	
Full Name of Contributor PJ Wenzel					Registration Number, if PAC		
Street Address 243 North 5th Street		Employer/Occupation/Labor Organization* Mathew D Parker and Associates/Consultant			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 4325	M 0	D 2	Y 1	Amount 50.00	
Full Name of Contributor Craig Bonar					Registration Number, if PAC		
Street Address 376 Cherry Hill		Employer/Occupation/Labor Organization* Trumbell County GOP/Chairman			Form (Cash, Check, etc.) Check		
City Cortland	State OH	Zip Code 44410	M 0	D 4	Y 1	Amount 75.00	
Full Name of Contributor George Brown					Registration Number, if PAC		
Street Address 711 Oak Knoll Avenue		Employer/Occupation/Labor Organization* Senator Rob Portmans Office/Regional Rep			Form (Cash, Check, etc.) Check		
City Warren	State OH	Zip Code 44483	M 0	D 4	Y 1	Amount 75.00	
Full Name of Contributor Michael Halleck					Registration Number, if PAC		
Street Address 2096 Countryside Drive		Employer/Occupation/Labor Organization* Columbiana County/Commissioner			Form (Cash, Check, etc.) Check		
City Salem	State OH	Zip Code 44460	M 0	D 4	Y 1	Amount 75.00	

* 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)]