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|      |   |  |

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full  Friends of Joe Erb                       |  |                           |          |                                |                   |                          |               |
|---|--|---------------------------|----------|--------------------------------|-------------------|--------------------------|---------------|
| Full Name of Contributor  |  |                           | Revistra | tion Num                       | ber, if PA        | <u>c</u>                 |               |
| Sara Donlon   |  |                           | registia | tion (val)                     | 001, 11 17        |                          |               |
| Street Address  | Employer/Occupation/Labor Organization*                          |                           |          | Form (Cash, Check, etc.)       |                   |                          |               |
| 4798 River Run Drive  | King Strategies/Consultant                                       |                           |          |                                | Check             |                          |               |
| City  | State  | Zip Code                  | М        | D                              | Y                 | Amount                   |               |
| Hilliard  | OHI  | 43026                     | 0 2      | 213                            | 1 1               |                          | 50.00         |
| Full Name of Contributor  | ·  |                           |          | <del></del>                    | ber, if PA        | c                        | -             |
| Linda Hays  |  |                           | L.       |                                |                   |                          |               |
| Street Address  | Employer/Occupation/Labor Organization*                          |                           |          |                                | Form (Cash, Check | , etc.)                  |               |
| 4526 Faneuil Hall Place   | Strategic Public Partners Group/Admin                            |                           |          | iin                            | Check             |                          |               |
| City  | State  | Zip Code                  | M        | D                              | Y                 | Amount                   |               |
| Columbus  | OH   | 43201                     | 0 2      | 2 3                            | 111               |                          | 50.00         |
| Full Name of Contributor  | Registration Number, if PAC                                      |                           |          | С                              |                   |                          |               |
| Justin Higgins  | 1  |                           |          |                                |                   | _                        |               |
| Street Address  |  | ation/Labor Organization* |          |                                |                   | Form (Cash, Check        | , etc.)       |
| 2262 N High Street Apt O  |  | Public Partners G         |          |                                | _                 |                          |               |
| •   | State  | Zip Code                  | M        | D                              | Y                 | Amount                   | <b>5</b> 0.00 |
| Columbus Full Name of Contributor                                   | OH   | 43201                     | 0 2      | 2 3                            | 1 1<br>ber. if PA |                          | 50.00         |
| Zachary Holzapfel   |  |                           | Kegistra | tion Num                       | ber, it PA        | C                        |               |
| Street Address  | Employer/Occups  | ation/Labor Organization* |          |                                |                   | lionn (Cash, Charle      | etc.)         |
| 5788 Stonepath Drive  | Employer/Occupation/Labor Organization* Hicks Partners/Lobbyist  |                           |          | Form (Cash, Check, etc.) Check |                   |                          |               |
| City  | State  | Zip Code                  | М        | l D                            | Y                 | Amount                   |               |
| Hilliard  | OH   | 43026                     | 0 3      | 1 0                            | I . I             |                          | 50.00         |
| Full Name of Contributor  | 1011   | 10020                     |          |                                | ber, if PA        |                          | 50.00         |
| James Hoppel  |  |                           |          |                                |                   |                          |               |
| Street Address  | Employer/Occupation/Labor Organization*                          |                           |          |                                |                   | Form (Cash, Check, etc.) |               |
| 50499 Calcutta Smithferry Road                                      | Columbiana County/Commissioner                                   |                           |          | Check                          |                   |                          |               |
| City  | State  | Zip Code                  | М        | D                              | Y                 | Amount                   |               |
| East Liverpool  | OH   | 43920                     | 0 4      | 1   1                          | 1 1               |                          | 50.00         |
| Full Name of Contributor  | ·  |                           | Registra | tion Numl                      | ber, if PA        | С                        |               |
| Joseph Jarabek  |  |                           |          |                                |                   |                          |               |
| Street Address  | Employer/Occupation/Labor Organization*                          |                           |          | Form (Cash, Check, etc.)       |                   |                          |               |
| 305 Duneden   | Self Employed/Consultant   |                           | Check    |                                |                   |                          |               |
| City  | State  | Zip Code                  | M        | D                              | Y                 | Amount                   | <b>=</b> 0.00 |
| Aurora Full Name of Contributor                                     | OH   | 44202                     |          |                                | 1   1             |                          | 50.00         |
| Mark Land   |  |                           | Registra | ion Num                        | ber, if PA        | C                        |               |
| Street Address  | Limnlover Occups   | stian/Labor Organization* |          |                                |                   | Fonn (Cash, Check        | -4- )         |
| 3303 Scioto Farms Drive   | Employer/Occupation/Labor Organization* Self Employed/Consultant |                           |          |                                |                   |                          | , etc.)       |
| City  | State  | Zip Code                  | М        | D                              | Y                 | Check<br>Aniount         |               |
| Hilliard  | OH   | 43026                     | 0 2      | 2 3                            |                   | , modili                 | 50.00         |
| Full Name of Contributor  | OII  | 43020                     |          |                                |                   | C                        | 30.00         |
| Full Name of Contributor  Frank Larose  Registration Number, if PAC |  |                           |          |                                |                   |                          |               |
| Street Address  | Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) |                           |          |                                |                   |                          |               |
| 3800 Rosemont Blvd  | State of Ohio/Senator  |                           | Check    |                                |                   |                          |               |
| City  | State  | Zip Code                  | М        | D                              | Y                 | Amount                   |               |
| Akron   | OH   | 44333                     | 0 2      | 2 3                            | 1   1             |                          | 50.00         |

| Page Total \$ | 400.00 |
|---------------|--------|

<sup>\*</sup> 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)]