

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Erb							
Full Name of Contributor Sara Donlon					Registration Number, if PAC		
Street Address 4798 River Run Drive		Employer/Occupation/Labor Organization* King Strategies/Consultant			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 0	D 2	Y 2	Amount 50.00	
Full Name of Contributor Linda Hays					Registration Number, if PAC		
Street Address 4526 Faneuil Hall Place		Employer/Occupation/Labor Organization* Strategic Public Partners Group/Admin			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43201	M 0	D 2	Y 2	Amount 50.00	
Full Name of Contributor Justin Higgins					Registration Number, if PAC		
Street Address 2262 N High Street Apt O		Employer/Occupation/Labor Organization* Strategic Public Partners Group/Consultant			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43201	M 0	D 2	Y 2	Amount 50.00	
Full Name of Contributor Zachary Holzapfel					Registration Number, if PAC		
Street Address 5788 Stonepath Drive		Employer/Occupation/Labor Organization* Hicks Partners/Lobbyist			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 0	D 3	Y 1	Amount 50.00	
Full Name of Contributor James Hoppel					Registration Number, if PAC		
Street Address 50499 Calcutta Smithferry Road		Employer/Occupation/Labor Organization* Columbiana County/Commissioner			Form (Cash, Check, etc.) Check		
City East Liverpool	State OH	Zip Code 43920	M 0	D 4	Y 1	Amount 50.00	
Full Name of Contributor Joseph Jarabek					Registration Number, if PAC		
Street Address 305 Duneden		Employer/Occupation/Labor Organization* Self Employed/Consultant			Form (Cash, Check, etc.) Check		
City Aurora	State OH	Zip Code 44202	M 0	D 2	Y 2	Amount 50.00	
Full Name of Contributor Mark Land					Registration Number, if PAC		
Street Address 3303 Scioto Farms Drive		Employer/Occupation/Labor Organization* Self Employed/Consultant			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 0	D 2	Y 2	Amount 50.00	
Full Name of Contributor Frank Larose					Registration Number, if PAC		
Street Address 3800 Rosemont Blvd		Employer/Occupation/Labor Organization* State of Ohio/Senator			Form (Cash, Check, etc.) Check		
City Akron	State OH	Zip Code 44333	M 0	D 2	Y 2	Amount 50.00	

* 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)]