

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Joe Erb							
Full Name of Contributor Jeff Lehner				Registration Number, if PAC			
Street Address 490 Wyndham Ridge Drive		Employer/Occupation/Labor Organization* State Farm/Insurance Agent			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43207	M 0	D 5	Y 0	Y 1	Amount \$100.00
Full Name of Contributor Christopher Lewie				Registration Number, if PAC			
Street Address 5377 Eddie Drive		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 0	D 5	Y 0	Y 1	Amount \$25.00
Full Name of Contributor Michael Lenzo				Registration Number, if PAC			
Street Address 601 Mohawk Street		Employer/Occupation/Labor Organization* Ohio House of Representatives/Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43206	M 0	D 5	Y 0	Y 1	Amount \$100.00
Full Name of Contributor Paul Weirtz				Registration Number, if PAC			
Street Address 6501 Bridgis Close Drive		Employer/Occupation/Labor Organization* AT&T/Lobbyist			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 0	D 5	Y 1	Y 1	Amount \$50.00
Full Name of Contributor Richard Ayish				Registration Number, if PAC			
Street Address 55 West Livingston Ave		Employer/Occupation/Labor Organization* The Success Group/Lobbyist			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 5	Y 0	Y 1	Amount \$200.00
Full Name of Contributor Ronald Welch				Registration Number, if PAC			
Street Address 1757 Longhill Drive		Employer/Occupation/Labor Organization* Muskingham County/Attorney			Form (Cash, Check, etc.) Check		
City Zanesville	State OH	Zip Code 43207	M 0	D 5	Y 0	Y 1	Amount \$100.00
Full Name of Contributor David Battocletti				Registration Number, if PAC			
Street Address 63 W Livingston Ave		Employer/Occupation/Labor Organization* SZD/Lobbyist			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 5	Y 0	Y 1	Amount \$300.00
Full Name of Contributor John Arnold				Registration Number, if PAC			
Street Address 36181 Shining Tree Lane		Employer/Occupation/Labor Organization* Self Employed/Financial Consultant			Form (Cash, Check, etc.) Check		
City Salem	State OH	Zip Code 44460	M 0	D 5	Y 0	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)]

Page Total **\$975.00**