

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					Registration Number, if PAC	
Full Name of Contributor Charles Amato			Employer/Occupation/Labor Organization*		Amount	
Street Address 991 Main Street		Wellsville/Judge		M	D	Y
City Wellsville		State OH	Zip Code 43968	0	4	0
				9	1	5
				Form (Cash, Check, etc.) Check		\$75.00
Full Name of Contributor Christopher Frangos					Registration Number, if PAC	
Street Address 4940 Kennedy Road			Employer/Occupation/Labor Organization*		Amount	
City Lowellville		State OH	Zip Code 44436	M	D	Y
				0	4	0
				9	1	5
				Form (Cash, Check, etc.) Check		\$75.00
Full Name of Contributor David Johnson					Registration Number, if PAC	
Street Address 570 Highland Avenue			Employer/Occupation/Labor Organization*		Amount	
City Salem		State OH	Zip Code 44460	M	D	Y
				0	4	0
				9	1	5
				Form (Cash, Check, etc.) Check		\$100.00
Full Name of Contributor Adam Booth					Registration Number, if PAC	
Street Address 3466 Sycamore Drive			Employer/Occupation/Labor Organization*		Amount	
City New Waterford		State OH	Zip Code 44445	M	D	Y
				0	4	0
				9	1	5
				Form (Cash, Check, etc.) Check		\$150.00
Full Name of Contributor Rick Dieringer					Registration Number, if PAC	
Street Address 824 Hill Blvd			Employer/Occupation/Labor Organization*		Amount	
City East Liverpool		State OH	Zip Code 43920	M	D	Y
				0	4	0
				9	1	5
				Form (Cash, Check, etc.) Check		\$150.00
Full Name of Contributor Phillip Suarez					Registration Number, if PAC	
Street Address 1472 Manor Drive			Employer/Occupation/Labor Organization*		Amount	
City Salem		State OH	Zip Code 44460	M	D	Y
				0	4	0
				9	1	5
				Form (Cash, Check, etc.) Check		\$150.00
Full Name of Contributor Jarrod Taylor					Registration Number, if PAC	
Street Address 5986 Silver Charms Way			Employer/Occupation/Labor Organization*		Amount	
City New Albany		State OH	Zip Code 43054	M	D	Y
				0	4	0
				9	1	5
				Form (Cash, Check, etc.) Check		\$150.00

* 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 \$ **\$850.00**