

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 Mike Taylor				Registration Number, if PAC			
Street Address 222 East Town Street		Employer/Occupation/Labor Organization* Government Initiative/Comm		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	0	3	1915	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Andy Callif						Registration Number, if PAC	
Street Address 350 S High St		Employer/Occupation/Labor Organization* Andy Callif Bail Bonds/Owner		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	0	3	1915	\$500.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael Lenzo						Registration Number, if PAC	
Street Address 601 Mohawk		Employer/Occupation/Labor Organization* Ohio House of Reps/Attorn		M	D	Y	Amount
City Columbus		State OH	Zip Code 43206	0	3	1915	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Alex Hastie						Registration Number, if PAC	
Street Address 1192 Grandview Ave		Employer/Occupation/Labor Organization* Hastie Law Office/Attorney		M	D	Y	Amount
City Grandview		State OH	Zip Code 43212	0	3	1915	\$70.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeff Longstreth						Registration Number, if PAC	
Street Address 1935 Deerhaven Ln		Employer/Occupation/Labor Organization* Lobbyist		M	D	Y	Amount
City Broadview		State OH	Zip Code 44147	0	3	1915	\$35.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Gregory Osmon						Registration Number, if PAC	
Street Address 3446 Dixiana Ln		Employer/Occupation/Labor Organization* RAI Services/Director		M	D	Y	Amount
City Pfafftown		State NC	Zip Code 27040	0	3	1915	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Victor Hipsley						Registration Number, if PAC	
Street Address 17 South High Street		Employer/Occupation/Labor Organization* Governmental Policy Grow		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	0	3	1915	\$250.00
				Form (Cash, Check, etc.) Check			

* 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 \$ **\$1,155.00**