

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Erb						
Full Name of Contributor Jason Miller				Registration Number, if PAC		
Street Address 838 Kerr Street		Employer/Occupation/Labor Organization* Strategic Public Partners/Consultant			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 2	Y 2	Amount 100.00
Full Name of Contributor Jeffrey Nolte				Registration Number, if PAC		
Street Address 29472 Buck Road		Employer/Occupation/Labor Organization* Kent State Salem/Dean			Form (Cash, Check, etc.) Check	
City Salem	State OH	Zip Code 44460	M 0	D 4	Y 1	Amount 100.00
Full Name of Contributor Jason Paduchik				Registration Number, if PAC		
Street Address 1973 Bellflower CT		Employer/Occupation/Labor Organization* Cash America/Lobbyist			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 2	Y 2	Amount 100.00
Full Name of Contributor Michael Parkes				Registration Number, if PAC		
Street Address 1153 Norton Avenue		Employer/Occupation/Labor Organization* Crow Chiseck/Accountant			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	M 0	D 2	Y 2	Amount 100.00
Full Name of Contributor David Powers				Registration Number, if PAC		
Street Address 130 Copperfield Place Ct		Employer/Occupation/Labor Organization* Reynolds American/Director			Form (Cash, Check, etc.) Check	
City Winston-Salem	State NC	Zip Code 27106	M 0	D 2	Y 2	Amount 100.00
Full Name of Contributor Joseph Price				Registration Number, if PAC		
Street Address 100 I Street SE APT 95		Employer/Occupation/Labor Organization* United States Congress/Policy Director			Form (Cash, Check, etc.) Check	
City Washington	State DC	Zip Code 20003	M 0	D 3	Y 0	Amount 100.00
Full Name of Contributor Tim Roberts				Registration Number, if PAC		
Street Address 5307 Franklin Street		Employer/Occupation/Labor Organization* City of Hilliard/City Councilmen			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 2	Y 2	Amount 100.00
Full Name of Contributor John Roscoe				Registration Number, if PAC		
Street Address 1477 Westwood Avenue		Employer/Occupation/Labor Organization* Strategic Public Partners/Consultant			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	M 0	D 2	Y 2	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 appear. [R.C. 3517.10(B)(4)]