

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Erb							
Full Name of Contributor Michael Arens					Registration Number, if PAC		
Street Address 216 Ainsworth		Employer/Occupation/Labor Organization* Cintas/Manager			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor James Armeni					Registration Number, if PAC		
Street Address 261 South Broadway Avenue		Employer/Occupation/Labor Organization* Ohio Auditor of State/Regional Director			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 Ryan Augsburger					Registration Number, if PAC		
Street Address 1960 West 5th Avenue		Employer/Occupation/Labor Organization* Ohio Manufacturers Association/Lobbyist			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 0	D 4	Y 1	Amount 100.00	
Full Name of Contributor Kevin Bacon					Registration Number, if PAC		
Street Address 5325 Ponderosa Drive		Employer/Occupation/Labor Organization* State of Ohio/Senator			Form (Cash, Check, etc.)		
City Columbus	State OH	Zip Code 43231	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor Steve Boksanski					Registration Number, if PAC		
Street Address 11 Willowdale Road		Employer/Occupation/Labor Organization* Lobbyist			Form (Cash, Check, etc.) Check		
City Winchester	State MA	Zip Code 01890	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor David Cahill					Registration Number, if PAC		
Street Address 2 Kathy's Path		Employer/Occupation/Labor Organization* Lobbyist			Form (Cash, Check, etc.) Check		
City Scituate	State MA	Zip Code 02066	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor Jim Carmichael					Registration Number, if PAC		
Street Address 2594 Timothy Place		Employer/Occupation/Labor Organization* Wooster County/Commissioner			Form (Cash, Check, etc.)		
City Wooster	State OH	Zip Code 44691	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor Nick Coenen					Registration Number, if PAC		
Street Address 159 Summit Avenue		Employer/Occupation/Labor Organization* Agile Technologies/Manager			Form (Cash, Check, etc.) Check		
City Summit	State NJ	Zip Code 07901	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)]

Page Total \$ 800.00