

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				
Full Name of Contributor Michael Parkes			Registration Number, if PAC	
Street Address 32888 Carlene Ln		Employer/Occupation/Labor Organization* VonRoll WTI/Retired		Amount \$75.00
City Lisbon		State OH	Zip Code 44432	Form (Cash, Check, etc.) Check
Full Name of Contributor Eric Jay			Registration Number, if PAC	
Street Address 220 Edna Street		Employer/Occupation/Labor Organization*		Amount \$75.00
City Youngstown		State OH	Zip Code 44515	Form (Cash, Check, etc.) Check
Full Name of Contributor Nathaniel Blair			Registration Number, if PAC	
Street Address 743 W Commons St NE Apt H8		Employer/Occupation/Labor Organization* Financial Advisor		Amount \$75.00
City Canton		State OH	Zip Code 44721	Form (Cash, Check, etc.) Check
Full Name of Contributor Larry Hamilton			Registration Number, if PAC	
Street Address 7832 Vanderbilt Drive		Employer/Occupation/Labor Organization* Retired		Amount \$75.00
City North Canton		State OH	Zip Code 44720	Form (Cash, Check, etc.) Check
Full Name of Contributor Richard Stoudt			Registration Number, if PAC	
Street Address 5821 Butler Grange Drive		Employer/Occupation/Labor Organization*		Amount \$75.00
City Salem		State OH	Zip Code 44460	Form (Cash, Check, etc.) Check
Full Name of Contributor Christopher Walton			Registration Number, if PAC	
Street Address 3078 Bacon Avenue		Employer/Occupation/Labor Organization*		Amount \$75.00
City East Palestine		State OH	Zip Code 44413	Form (Cash, Check, etc.) Check
Full Name of Contributor Larry Frangos			Registration Number, if PAC	
Street Address 653 Jones Street		Employer/Occupation/Labor Organization* Odyssey Enviornmental S		Amount \$75.00
City Youngstown		State OH	Zip Code 44502	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 \$ **\$525.00**