

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect DJ Falcoski				
Full Name of Contributor McLaughlin, Anjel			Registration Number, if PAC	
Street Address 1310 Grandview Avenue	Employer/Occupation/Labor Organization* Hair Salon Owner		M D Y 1 0 1 4 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Johnson, John P.			Registration Number, if PAC	
Street Address 501 S High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 1 0 1 4 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Shivley, Patrick			Registration Number, if PAC	
Street Address 1159 Harrison Pond Drive	Employer/Occupation/Labor Organization* President Guaranteed Dev		M D Y 1 0 1 4 0 9	Amount 50.00
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Houze, David W			Registration Number, if PAC	
Street Address 500 S Front Street, Ste 1200	Employer/Occupation/Labor Organization* Retired		M D Y 1 0 1 4 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Guiliani, Anthony			Registration Number, if PAC	
Street Address 2055 Havenswood Place	Employer/Occupation/Labor Organization* Vory's, SS&P/ Attorney		M D Y 1 0 1 4 0 9	Amount 100.00
City Blacklick	State O H	Zip Code 43004	Form(Cash,Check,etc) Check	
Full Name of Contributor Lehner, William E.			Registration Number, if PAC	
Street Address 2709 McVey Blvd. W	Employer/Occupation/Labor Organization* Self/ Architect		M D Y 1 0 1 4 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Arnold, George			Registration Number, if PAC	
Street Address 3020 Dale Avenue	Employer/Occupation/Labor Organization* HR Grey Engineering		M D Y 1 0 1 4 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43209	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 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

500.00

Total expenditures this event

292.50

Page Total \$ 500.00