

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect DJ Falcoski													
Full Name of Contributor Kerns, Rachel						Registration Number, if PAC							
Street Address 625 Arden St			Employer/Occupation/Labor Organization* Director, American Diabetes Assoc.				Form (Cash, Check, etc.) Online						
City Lewis Center		State O H		Zip Code 43035		M 1		D 0		Y 2		Amount 25.00	
Full Name of Contributor Chad Kiner						Registration Number, if PAC							
Street Address 266 Greenglade Avenue			Employer/Occupation/Labor Organization* V.P., Fearon Bank				Form (Cash, Check, etc.) Online						
City Columbus		State O H		Zip Code 43085		M 1		D 0		Y 2		Amount 25.00	
Full Name of Contributor Pilkington, Mark						Registration Number, if PAC							
Street Address 4367 Hickory Rock Drive			Employer/Occupation/Labor Organization* V.P., Cardinal Health				Form (Cash, Check, etc.) Online						
City Powell		State O H		Zip Code 43065		M 1		D 0		Y 2		Amount 25.00	
Full Name of Contributor Price, Rebecca						Registration Number, if PAC							
Street Address 5370 Winetavern Ln			Employer/Occupation/Labor Organization* Attorney, Kegler Brown Hill & Ritter				Form (Cash, Check, etc.) Online						
City Dublin		State O H		Zip Code 43017		M 1		D 0		Y 2		Amount 25.00	
Full Name of Contributor Roblee, Corey						Registration Number, if PAC							
Street Address 333 E Royal Forest Blvd			Employer/Occupation/Labor Organization* Regional Director, International Code Cour				Form (Cash, Check, etc.) Online						
City Columbus		State O H		Zip Code 43214		M 1		D 0		Y 2		Amount 50.00	
Full Name of Contributor Savage, Donna						Registration Number, if PAC							
Street Address 8024 Flint Run Pl			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43235		M 1		D 0		Y 1		Amount 50.00	
Full Name of Contributor Whitlock, Scott						Registration Number, if PAC							
Street Address 6081 Olentangy River Road			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check						
City Worthington		State O H		Zip Code 43085		M 1		D 0		Y 2		Amount 100.00	
Full Name of Contributor Worthington Republican Women						Registration Number, if PAC							
Street Address 526 Haymore Avenue			Employer/Occupation/Labor Organization* Women's Club				Form (Cash, Check, etc.) Check						
City Worthington		State O H		Zip Code 43085		M 1		D 0		Y 2		Amount 50.00	

* 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 \$ 350.00