

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 Corl, Ron & Nancy						Registration Number, if PAC							
Street Address 5017 New Haven Drive			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43220		M 0 9		D 0 4		Y 0 9		Amount 500.00	
Full Name of Contributor Bressman, David						Registration Number, if PAC							
Street Address 8633 Broadacre Drive			Employer/Occupation/Labor Organization* Bressman Law/ Attorney				Form (Cash, Check, etc.) Check						
City Powell		State O H		Zip Code 43065		M 0 9		D 1 7		Y 0 9		Amount 50.00	
Full Name of Contributor Cooper, William						Registration Number, if PAC							
Street Address 6083 Olentangy River Road			Employer/Occupation/Labor Organization* Cooper State Bank/Vice Chairman				Form (Cash, Check, etc.) Check						
City Worthington		State O H		Zip Code 43085		M 0 9		D 1 7		Y 0 9		Amount 100.00	
Full Name of Contributor Crabbe, Brown & James						Registration Number, if PAC							
Street Address 500 South Front Street, Suite 1200			Employer/Occupation/Labor Organization* Crabbe, Brown & James				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 9		D 1 8		Y 0 9		Amount 250.00	
Full Name of Contributor Wiles Boyle Burkholder Bringardner, PAC						Registration Number, if PAC CP1058							
Street Address 300 Spruce Street			Employer/Occupation/Labor Organization* Wiles Boyle Burkholder Bringardner, PAC				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 9		D 1 8		Y 0 9		Amount 200.00	
Full Name of Contributor Funk, Susan A						Registration Number, if PAC							
Street Address 6792 Alloway St W			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check						
City Worthington		State O H		Zip Code 43085		M 0 9		D 2 8		Y 0 9		Amount 40.00	
Full Name of Contributor Huff, Margare & Ronald						Registration Number, if PAC							
Street Address 90 Wilson Drive			Employer/Occupation/Labor Organization* HER Real Living/ Realtor				Form (Cash, Check, etc.) Check						
City Worthington		State O H		Zip Code 43085		M 0 9		D 2 8		Y 0 9		Amount 50.00	
Full Name of Contributor Crabbe Brown & James						Registration Number, if PAC							
Street Address 500 South Front Street, Suite 1200			Employer/Occupation/Labor Organization* Crabbe, Brown & James				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 1 0		D 1 3		Y 0 9		Amount 250.00	

* 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 \$ 1,440.00