Event Date	09/04/09
Page	3

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05						
Name of Committee in Full								
Committee to Elect DJ Falcoski								
Full Name of Contributor				Registration Number, if PAC				
Jones, Dave			М	T =				
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount	E0.00	
3391 Watersilk Court	Nationwide Insurance/An			U 4 ash,Checl			50.00	
City  I I and an Audin about	State	Zip Code 43221	ronn(C	Cash				
Upper Arlington Full Name of Contributor	O H 43221			Registration Number, if PAC				
Helge, Ann			Regions	inon run	1001, 11 1 1 1			
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount		
3275 Northampton Lane	Northwest Title/Manager			0 4	1 1		30.00	
City	State Zip Code			ash,Chec				
Hilliard	O   H	43026		Cash	ı			
Full Name of Contributor			Registration Number, if PAC					
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor			Registra	ition Nun	ber, if PA	ıC		
	15			T 5	1 57			
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
	Ctata	Zip Code	Form(C	ash,Chec	t ata)			
City	State	Zip Code	ronne	asn,Chec	K,etc)			
Full Name of Contributor			Registra	ation Nun	ber, if PA	C		
Tun Name of Controllor			region		1001, 11 11			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor			Registra	ation Nun	ıber, if PA	'C		
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount		
					de de de de			
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor			Registra	ation Nun	iber, if PA	ıC		
	- In 1 /2		<del> </del>	T n	1 37	A		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
C'A.	State	7in Code	Form (C	ash,Chec	k etc)			
City	State	Zip Code	rom(C	asn, Chec	K,CIC)			
						6.1		

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	Total expenditures this event	
Total contributions this event	Total expenditures and event	Page Total \$ 80.00
1.045.00	204.29	

<sup>\*</sup> 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)]