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| Event Date | 9/23/09 |
| Page | 2 |

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 Massa, Terri | | | | | Registration Number, if PAC | | |
| Street Address 2261 Sandover Road | | Employer/Occupation/Labor Organization* Admin Assistant/Grabill & | | M 0 | D 9 | Y 2 | Amount 50.00 |
| City Columbus | State O | H H | Zip Code 43220 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Schare, Marc | | | | | Registration Number, if PAC | | |
| Street Address 2113 Shelbourne Ct | | Employer/Occupation/Labor Organization* Self Employed | | M 0 | D 9 | Y 2 | Amount 50.00 |
| City Dublin | State O | H H | Zip Code 43016 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Smith, Patricia | | | | | Registration Number, if PAC | | |
| Street Address 787 Pinecliff Place | | Employer/Occupation/Labor Organization* Retired | | M 0 | D 9 | Y 2 | Amount 75.00 |
| City Worthington | State O | H H | Zip Code 43085 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Probst, Stephen & Victoria | | | | | Registration Number, if PAC | | |
| Street Address 4660 Barrymede Ct. | | Employer/Occupation/Labor Organization* Grant Medical Center/Rad | | M 0 | D 9 | Y 2 | Amount 100.00 |
| City Columbus | State O | H H | Zip Code 43220 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Probst, Michael S & Erica Ann | | | | | Registration Number, if PAC | | |
| Street Address 459 Glenmont Avenue | | Employer/Occupation/Labor Organization* Probst Law Office/Attorne | | M 0 | D 9 | Y 2 | Amount 100.00 |
| City Columbus | State O | H H | Zip Code 43214 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City | State | H | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City | State | H | Zip Code | Form(Cash,Check,etc) | | | |

* 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

1,225.00

Total expenditures this event

Page Total \$ 375.00