Event Date	09/04/09
Page	1

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

	Prescribed by Sec	retary of State 3/05	***************************************		erendedori kirar omaka i kara			
Name of Committee in Full								
Committee to Elect DJ Falcoski				apanananga magama		**************************************		
Full Name of Contributor	DOMESTIC CONTROL OF THE PROPERTY OF THE PROPER			Registration Number, if PAC				
David Charlowe				онониементоння;	MOONTO CHOICE CONTRACT		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Address	1 ' ' '	tion/Labor Organization*	M	D	8	Amount		
1000 Urlin Avenue, Suite 1818	DavidCh	narloweDesign		0   4			50.00	
City	State	Zip Code	,	sh,Check				
Columbus	$O \mid H$	43212	CONTRACTOR STATEMENT OF THE PARTY OF THE PAR	Check	SOCIONAL PROPERTY OF THE PROPE			
Full Name of Contributor			Registrat	ion Numb	er, if PAC	C		
Nixon-Bell, Kimberly and Anker Bell			M					
Street Address	Employer/Occupation/Labor Organization*			D	. 19	Amount		
6077 Olentangy River Road		iter Seymour and P		$0 \mid 4$			50.00	
City	State	Zip Code		sh,Check				
Worthington	$O \mid H$	43085		Check				
Full Name of Contributor			Registrat	ion Numb	er, if PA	С		
Garvin, Karen J.								
Street Address	1 ' ' '	ation/Labor Organization*	M	D		Amount	E0.00	
7642 Selwyn Court	Unempl		0 9	$0 \mid 4$	0 9		50.00	
City	State	Zip Code		sh,Check				
Columbus	lolH	43235	ACCOUNTS OF THE PARTY OF THE PA	Checl	CONTROL CONTRO			
Full Name of Contributor			Registra	tion Numl	oer, if PA	С		
Betkoski, Michelle			ļ	***************************************	·			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	=0.00	
455 Sycamore Lane Apt 210		Retirement Commu		0 4			50.00	
City	State	Zip Code	`	sh,Check				
Aurora	$O \mid H$	43202	Andrew Communication Communication	Checl	CONTRACTOR OF THE PARTY OF THE			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Corl, Leeann				T				
Street Address		ation/Labor Organization*	M	D	Y	Amount	100.00	
485 Morse Road	THE RESIDENCE OF THE PARTY OF T	Meyers & Associat					100.00	
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O H	43214	Check					
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Hackett, Susan					***************************************			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	<b></b>	
142 Deland Avenue	Susan P Hackett, LLC/Cou			$0 \mid 4$			50.00	
City	State	Zip Code	1 `	ash,Checl	' '			
Columbus	$I_{O} \mid H$	43214		Chec:				
Full Name of Contributor			Registra	ition Num	ber, if PA	rC		
Whitlock, Scott					·			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	F0.00	
6081 Olentangy River Road	Retired		0 9		0 9		50.00	
City	State	Zip Code		ash,Checl				
Worthington	$O \mid H$	43085		Chec.	k			

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event		Wilder Commence of the Commenc
		Page Total \$	400.00
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)]