

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 David Charlowe			Registration Number, if PAC	
Street Address 1000 Urlin Avenue, Suite 1818	Employer/Occupation/Labor Organization* DavidCharloweDesign		M D Y 0 9 0 4 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Nixon-Bell, Kimberly and Anker Bell			Registration Number, if PAC	
Street Address 6077 Olentangy River Road	Employer/Occupation/Labor Organization* Vorys Sater Seymour and P		M D Y 0 9 0 4 0 9	Amount 50.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor Garvin, Karen J.			Registration Number, if PAC	
Street Address 7642 Selwyn Court	Employer/Occupation/Labor Organization* Unemployed		M D Y 0 9 0 4 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Betkoski, Michelle			Registration Number, if PAC	
Street Address 455 Sycamore Lane Apt 210	Employer/Occupation/Labor Organization* Hamlet Retirement Commu		M D Y 0 9 0 4 0 9	Amount 50.00
City Aurora	State O H	Zip Code 43202	Form(Cash,Check,etc) Check	
Full Name of Contributor Corl, Leeann			Registration Number, if PAC	
Street Address 485 Morse Road	Employer/Occupation/Labor Organization* David P Meyers & Associat		M D Y 0 9 0 4 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Hackett, Susan			Registration Number, if PAC	
Street Address 142 Deland Avenue	Employer/Occupation/Labor Organization* Susan P Hackett, LLC/Cou		M D Y 0 9 0 4 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Whitlock, Scott			Registration Number, if PAC	
Street Address 6081 Olentangy River Road	Employer/Occupation/Labor Organization* Retired		M D Y 0 9 0 4 0 9	Amount 50.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check	

* 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

1,045.00

Total expenditures this event

204.29

Page Total \$ **400.00**