

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	Zip Code H 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	Zip Code H 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	Zip Code H 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Probst, Stephen				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	Zip Code H 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Probst, Michael S				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	Zip Code H 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	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	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

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Page Total \$ 375.00