

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 Jones, Dave			Registration Number, if PAC	
Street Address 3391 Watersilk Court	Employer/Occupation/Labor Organization* Nationwide Insurance/Ana		M 0	D 9
City Upper Arlington	State OH	Zip Code 43221	Y 0	Amount 50.00
Form(Cash,Check,etc) Cash				
Full Name of Contributor Helge, Ann			Registration Number, if PAC	
Street Address 3275 Northampton Lane	Employer/Occupation/Labor Organization* Northwest Title/Manager		M 0	D 9
City Hilliard	State OH	Zip Code 43026	Y 0	Amount 30.00
Form(Cash,Check,etc) Cash				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
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

1,045.00

Total expenditures this event

204.29

Page Total \$ <u>80.00</u>
