

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 Clarence Mingo				Registration Number, if PAC			
Street Address 470 Olde Worthington Rd. Ste. 200		Employer/Occupation/Labor Organization* Law Office of Clarence Mingo		M 0	D 9	Y 2	Amount 100.00
City Westerville		State O	H H	Zip Code 43082		Form (Cash, Check, etc.) Check	
Full Name of Contributor Probst, Jeffrey D.				Registration Number, if PAC			
Street Address 9550 Shawnee Trl.		Employer/Occupation/Labor Organization* JP Morgan Chase / Applicant		M 0	D 9	Y 2	Amount 100.00
City Powell		State O	H H	Zip Code 43065		Form (Cash, Check, etc.) Check	
Full Name of Contributor Li, Minggang				Registration Number, if PAC			
Street Address 155 W. Main St, #1203		Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43215		Form (Cash, Check, etc.) Check	
Full Name of Contributor Hitchcock, Brian				Registration Number, if PAC			
Street Address 66 Orchard Drive		Employer/Occupation/Labor Organization* Mortgage Consultant / Arlington		M 0	D 9	Y 2	Amount 250.00
City Worthington		State O	H H	Zip Code 43085		Form (Cash, Check, etc.) Check	
Full Name of Contributor Moore, Natalie				Registration Number, if PAC			
Street Address 8166 Pelham Drive		Employer/Occupation/Labor Organization* Loan Officer / First Place Bank		M 0	D 9	Y 2	Amount 100.00
City Westerville		State O	H H	Zip Code 43081		Form (Cash, Check, etc.) Check	
Full Name of Contributor Root, Marla				Registration Number, if PAC			
Street Address 6338 Spinnaker Drive		Employer/Occupation/Labor Organization* Step by Step Academy / Director		M 0	D 9	Y 2	Amount 100.00
City Lewis Center		State O	H H	Zip Code 43035		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Fulz, Dennis				Registration Number, if PAC			
Street Address 300 S High Street		Employer/Occupation/Labor Organization* Winston Wilson Jewelers / Owner		M 0	D 9	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43215		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

1,225.00

Total expenditures this event

Page Total \$ 850.00