

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 Stevenson, James Scott				Registration Number, if PAC	
Street Address 7107 Asheville Park Drive	Employer/Occupation/Labor Organization* Northwest Title/President		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Arnholt, Amy and Timothy				Registration Number, if PAC	
Street Address 983 Shetland Court	Employer/Occupation/Labor Organization* Student		M 0	D 9	Y 0
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Pollner, Henry and Rosemary				Registration Number, if PAC	
Street Address 5966 Litchfield Road	Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Hale, Janet				Registration Number, if PAC	
Street Address 6637 Merwin Road	Employer/Occupation/Labor Organization* Housewife		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Turoczy, Lawrence				Registration Number, if PAC	
Street Address 3521 Castaway Cove	Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 0
City Reminderville	State O	Zip Code 44202	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Falcoski, Donald and Marlene				Registration Number, if PAC	
Street Address 6898 Highland Drive	Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 0
City Solon	State O	Zip Code 44139	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Stevenson, Donna				Registration Number, if PAC	
Street Address 5529 Aryshire Drive	Employer/Occupation/Labor Organization* Northwest Title/EVP		M 0	D 9	Y 0
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 40.00

* 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 \$ 565.00
