

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	Amount 250.00
City Columbus		State O	H H	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Arnholt, Amy				Registration Number, if PAC			
Street Address 983 Shetland Court		Employer/Occupation/Labor Organization* Student		M 0	D 9	Y 0	Amount 25.00
City Worthington		State O	H H	Zip Code 43085		Form(Cash,Check,etc) Check	
Full Name of Contributor Pollner, Henry				Registration Number, if PAC			
Street Address 5966 Litchfield Road		Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 0	Amount 50.00
City Columbus		State O	H H	Zip Code 43235		Form(Cash,Check,etc) Check	
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	Amount 50.00
City Columbus		State O	H H	Zip Code 43235		Form(Cash,Check,etc) Check	
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	Amount 50.00
City Reminderville		State O	H H	Zip Code 44202		Form(Cash,Check,etc) Check	
Full Name of Contributor Falcoski, Donald				Registration Number, if PAC			
Street Address 6898 Highland Drive		Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 0	Amount 100.00
City Solon		State O	H H	Zip Code 44139		Form(Cash,Check,etc) Check	
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	Amount 40.00
City Dublin		State O	H H	Zip Code 43017		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 \$ <u>565.00</u>
