

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect DJ Falcoski							
Full Name of Contributor Corl, Ron					Registration Number, if PAC		
Street Address 5017 New Haven Drive		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 9	D 0 4	Y 0 9	Amount 500.00	
Full Name of Contributor Bressman, David					Registration Number, if PAC		
Street Address 8633 Broadacre Drive		Employer/Occupation/Labor Organization* Bressman Law / Attorney			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0 9	D 1 7	Y 0 9	Amount 50.00	
Full Name of Contributor Cooper, William					Registration Number, if PAC		
Street Address 6083 Olentangy River Road		Employer/Occupation/Labor Organization* Cooper State Bank/Vice Chairman			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 9	D 1 7	Y 0 9	Amount 100.00	
Full Name of Contributor Crabbe, Brown & James					Registration Number, if PAC		
Street Address 500 South Front Street, Suite 1200		Employer/Occupation/Labor Organization* Crabbe, Brown & James			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 8	Y 0 9	Amount 250.00	
Full Name of Contributor Wiles Boyle Burkholder Bringardner, PAC					Registration Number, if PAC CP1058		
Street Address 300 Spruce Street		Employer/Occupation/Labor Organization* Wiles Boyle Burkholder Bringardner, PAC			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 8	Y 0 9	Amount 200.00	
Full Name of Contributor Funk, Susan A					Registration Number, if PAC		
Street Address 6792 Alloway St W		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 9	D 2 8	Y 0 9	Amount 40.00	
Full Name of Contributor Huff, Margaret					Registration Number, if PAC		
Street Address 90 Wilson Drive		Employer/Occupation/Labor Organization* HER Real Living/Realtor			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 9	D 2 8	Y 0 9	Amount 50.00	
Full Name of Contributor Crabbe Brown & James					Registration Number, if PAC		
Street Address 500 South Front Street, Suite 1200		Employer/Occupation/Labor Organization* Crabbe, Brown & James			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 3	Y 0 9	Amount 250.00	

* 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)]