

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Paley for Columbus				
Full Name of Contributor Kristen Brown			Registration Number, if PAC	
Street Address 1489 Oakbourne Dr.	Employer/Occupation/Labor Organization*		M 0	D 5
City Worthington	State OH	Zip Code 43235	Y 1	Amount \$50.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Kimberly Cocroft			Registration Number, if PAC	
Street Address 988 Wellington Blvd.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43219	Y 1	Amount \$50.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Robert & Shirley Crosby			Registration Number, if PAC	
Street Address 1520 Thurell Rd.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43229	Y 1	Amount \$30.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Shawn Dings			Registration Number, if PAC	
Street Address 213 Powhatan	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43204	Y 1	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Janice Erlich			Registration Number, if PAC	
Street Address 668 Bellamy Pl.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43213	Y 1	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Richard Frye			Registration Number, if PAC	
Street Address 1669 Roxbury Rd.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43212	Y 1	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor M. Elizabeth Gill			Registration Number, if PAC	
Street Address 90 E. Mithoff St.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$100.00
			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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 530.00