

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 Charles McGrath				Registration Number, if PAC	
Street Address 1358 Rosehill Rd.	Employer/Occupation/Labor Organization* RETIRED		M 0	D 5	Y 1409
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		Amount \$25.00
Full Name of Contributor Margaret Meckling				Registration Number, if PAC	
Street Address 196 N. Chase Ave.	Employer/Occupation/Labor Organization* FC Probate Ct. - Adm.		M 0	D 5	Y 1409
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Sheldon & Joyce Paley				Registration Number, if PAC	
Street Address 512 Hornblower Ln.	Employer/Occupation/Labor Organization* SOTHERBYS - REALTOR		M 0	D 5	Y 1409
City Longboat Key	State FL	Zip Code 34228	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor David Parise				Registration Number, if PAC	
Street Address 150 E. Mound St. #308	Employer/Occupation/Labor Organization* DANA PARISE-LPA-ATTY		M 0	D 5	Y 1409
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) cash		Amount \$100.00
Full Name of Contributor Andrea Peebles				Registration Number, if PAC	
Street Address 5596 Winsor Woods Dr.	Employer/Occupation/Labor Organization* MUNI CT. - JUDGE		M 0	D 5	Y 1409
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Linda Reibel				Registration Number, if PAC	
Street Address 39 Orchard Dr.	Employer/Occupation/Labor Organization* SELF - ATTY		M 0	D 5	Y 1409
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check		Amount \$50.00
Full Name of Contributor Mark Rutkus				Registration Number, if PAC	
Street Address 55 W. Oakland Ave. Apt 2	Employer/Occupation/Labor Organization* CITY OF COLS - ADM-AIDE		M 0	D 5	Y 1409
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) check		Amount \$100.00

* 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 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 \$ \$475.00
