

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 Kate McSweeney-Pishotti			Registration Number, if PAC	
Street Address 552 Acton Road	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43214	Y 1	Amount \$50.00
Full Name of Contributor Peg Meckling			Registration Number, if PAC	
Street Address 196 N. Chase	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43204	Y 1	Amount \$20.00
Full Name of Contributor Betsy Miller			Registration Number, if PAC	
Street Address 360 E Beck St.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$20.00
Full Name of Contributor Erick & Kathy Owens			Registration Number, if PAC	
Street Address 2550 Tucker Trail	Employer/Occupation/Labor Organization*		M 0	D 9
City Lewis Center	State OH	Zip Code 43035	Y 1	Amount \$50.00
Full Name of Contributor Cheryl Pentella			Registration Number, if PAC	
Street Address 373 Hubbard Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$20.00
Full Name of Contributor Randy Pfeiffer			Registration Number, if PAC	
Street Address 360 E. Beck St.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$20.00
Full Name of Contributor Ruth Rankin			Registration Number, if PAC	
Street Address 2432 Wyncourtney Ct.	Employer/Occupation/Labor Organization*		M 0	D 9
City Powell	State OH	Zip Code 43065	Y 1	Amount \$20.00

* 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 \$ **\$200.00**