

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 Bendig			Registration Number, if PAC	
Street Address 4937 W. Broad Street	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43228	Y 1	Amount \$50.00
Full Name of Contributor Michael David Brown Jr.			Registration Number, if PAC	
Street Address 618 Mowhawk Street	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$50.00
Full Name of Contributor Scott Campbell			Registration Number, if PAC	
Street Address 2472 Haviland Rd.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$100.00
Full Name of Contributor John Connor			Registration Number, if PAC	
Street Address 436 W. 5th Ave.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43201	Y 1	Amount \$150.00
Full Name of Contributor Robert Crosby			Registration Number, if PAC	
Street Address 1520 Thurell Rd.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43229	Y 1	Amount \$50.00
Full Name of Contributor Mark Froehlich			Registration Number, if PAC	
Street Address 95 Northwoods Blvd.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43235	Y 1	Amount \$150.00
Full Name of Contributor Elizabeth Ann Holman			Registration Number, if PAC	
Street Address 2526 Timberside Dr.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43235	Y 1	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

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Total expenditures this event.

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Page Total \$ **\$650.00**