

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 Robert Jay Falter			Registration Number, if PAC	
Street Address 13734 Stonehenge Ct.	Employer/Occupation/Labor Organization* FALTER MEATS OWNER		M 0 9 1 0 0 9	Amount \$100.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard Fowler			Registration Number, if PAC	
Street Address 57 Northview Ave.	Employer/Occupation/Labor Organization*		M 0 9 1 0 0 9	Amount \$20.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) cash	
Full Name of Contributor Tobi Furman			Registration Number, if PAC	
Street Address 1961 Waterbrook Ln.	Employer/Occupation/Labor Organization*		M 0 9 1 0 0 9	Amount \$20.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bernard Gerson			Registration Number, if PAC	
Street Address 2877 E. Broad St. Apt 3C	Employer/Occupation/Labor Organization* RETIRED		M 0 9 1 0 0 9	Amount \$50.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Barbara Hackman			Registration Number, if PAC	
Street Address 2844 Bryden Rd.	Employer/Occupation/Labor Organization* RETIRED		M 0 9 1 0 0 9	Amount \$20.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Rebecca Herszage			Registration Number, if PAC	
Street Address 3109 W. Broad St.	Employer/Occupation/Labor Organization*		M 0 9 1 0 0 9	Amount \$20.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) check	
Full Name of Contributor LKen Hess			Registration Number, if PAC	
Street Address 7041 BENT TREE BLVD.	Employer/Occupation/Labor Organization*		M 0 9 1 0 0 9	Amount \$25.00
City Columbus	State OH	Zip Code 43235	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 \$ \$255.00
