

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 Greg Kostelac			Registration Number, if PAC	
Street Address 155 W. Main St. #803	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$50.00
Full Name of Contributor Jeffrey & M. Michelle Lewis			Registration Number, if PAC	
Street Address 4474 Summit Ridge Dr.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$100.00
Full Name of Contributor Robin & Norman Link			Registration Number, if PAC	
Street Address 862 Ridenour Rd.	Employer/Occupation/Labor Organization*		M 0	D 5
City Gahanna	State OH	Zip Code 43230	Y 1	Amount \$50.00
Full Name of Contributor K. & F. Majidzadeh			Registration Number, if PAC	
Street Address 4621 Edgecote Ct.	Employer/Occupation/Labor Organization*		M 0	D 5
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$200.00
Full Name of Contributor John Marshall			Registration Number, if PAC	
Street Address 324 Fallis Rd.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43214	Y 1	Amount \$100.00
Full Name of Contributor Robert McCarty			Registration Number, if PAC	
Street Address 495 E. Mound St.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$50.00
Full Name of Contributor Michael McElligott			Registration Number, if PAC	
Street Address 511 E. Jeffrey Pl.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43214	Y 1	Amount \$50.00

* 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 \$ **\$600.00**