

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 Kathleen Murphy			Registration Number, if PAC	
Street Address 2416 Southway Ln.	Employer/Occupation/Labor Organization* MURPHY EDPSON		M 1 0 0 8 0 9	D Y Amount \$25.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor David & Deborah Pariser			Registration Number, if PAC	
Street Address 2557 Bexley Park Rd.	Employer/Occupation/Labor Organization* HOMEMAKER		M 1 0 0 8 0 9	D Y Amount \$50.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Barbara Poppe & William Faith			Registration Number, if PAC	
Street Address 340 Clinton Heights Ave.	Employer/Occupation/Labor Organization* COHHIO - EX. DIR.		M 1 0 0 8 0 9	D Y Amount \$100.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) check	
Full Name of Contributor Linda Leah Reibel			Registration Number, if PAC	
Street Address 39 Orchard Ddr.	Employer/Occupation/Labor Organization* L. LEAH REIBEL LLC		M 1 0 0 8 0 9	D Y Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard & Francine Ryan			Registration Number, if PAC	
Street Address 1452 Ironwood Dr.	Employer/Occupation/Labor Organization* RETIRED		M 1 0 0 8 0 9	D Y Amount \$50.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc.) check	
Full Name of Contributor Charles Santer & Cheryl Pentella			Registration Number, if PAC	
Street Address 373 W. Hubbard Ave.	Employer/Occupation/Labor Organization* SELF EMPLOYED		M 1 0 0 8 0 9	D Y Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Rollin Seward			Registration Number, if PAC	
Street Address 5307 Lemonwood St.	Employer/Occupation/Labor Organization* FR CO- BD OF HEALTH		M 1 0 0 8 0 9	D Y Amount \$40.00
City Columbus	State OH	Zip Code 43229	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 \$ 465.00