

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 Michael McElligott				Registration Number, if PAC	
Street Address 511 E. Jeffrey Pl.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State OH	Zip Code 43214	Amount \$100.00	Form (Cash, Check, etc.) ck	
Full Name of Contributor David Pariser				Registration Number, if PAC	
Street Address 2557 Bexley Park Rd.	Employer/Occupation/Labor Organization* DAVA & PARISER		M 0	D 6	Y 1
City Bexley	State OH	Zip Code 43209	Amount \$100.00	Form (Cash, Check, etc.) ck	
Full Name of Contributor David Roger Jacoben				Registration Number, if PAC	
Street Address 307 Chasley Circle	Employer/Occupation/Labor Organization* RD 7 LAND		M 0	D 6	Y 1
City Powell	State OH	Zip Code 43065	Amount \$100.00	Form (Cash, Check, etc.) ck	
Full Name of Contributor Kim Marinello				Registration Number, if PAC	
Street Address 80 Williams	Employer/Occupation/Labor Organization* FCDP		M 0	D 6	Y 1
City Columbus	State OH	Zip Code 43207	Amount \$100.00	Form (Cash, Check, etc.) ck	
Full Name of Contributor Elie Sabbagh				Registration Number, if PAC	
Street Address 6726 Monticello Land	Employer/Occupation/Labor Organization* FELL, FINCH & ASSOC. INC.		M 0	D 6	Y 1
City Dublin	State OH	Zip Code 43016	Amount \$100.00	Form (Cash, Check, etc.) ck	
Full Name of Contributor Arcadis Ohio PAC				Registration Number, if PAC	
Street Address 520 Main Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City Akron	State OH	Zip Code 44311	Amount \$1,000.00	Form (Cash, Check, etc.) ck	
Full Name of Contributor Charles P. Unterreiner				Registration Number, if PAC	
Street Address 784 Wynstone Dr.	Employer/Occupation/Labor Organization* AMERICAN STRUCTURE POINT		M 0	D 6	Y 1
City Lewis Center	State OH	Zip Code 43035	Amount \$500.00	Form (Cash, Check, etc.) ck	

* 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 \$ 2,000.00
