

## 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		Registration Number, if PAC	
Patrick Copeland			
Street Address	Employer/Occupation/Labor Organization*	M	D
1162 E. Broad St. Apt. F1		0	7
		2	3
		0	9
		Amount	
		\$50.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43205	check
Full Name of Contributor		Registration Number, if PAC	
James Daley			
Street Address	Employer/Occupation/Labor Organization*	M	D
4300 Dublin Rd.		0	7
		2	3
		0	9
		Amount	
		\$50.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor		Registration Number, if PAC	
Michael & Robert Daniels			
Street Address	Employer/Occupation/Labor Organization*	M	D
376 Binns Blvd		0	7
		2	3
		0	9
		Amount	
		\$20.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43204	check
Full Name of Contributor		Registration Number, if PAC	
Carole DePaola			
Street Address	Employer/Occupation/Labor Organization*	M	D
4944 Buck Thorn Ln.		0	7
		2	3
		0	9
		Amount	
		\$50.00	
City	State	Zip Code	Form (Cash, Check, etc.)
columbus	OH	43220	check
Full Name of Contributor		Registration Number, if PAC	
Bernard Floetker			
Street Address	Employer/Occupation/Labor Organization*	M	D
1295 S. High St.		0	7
		2	3
		0	9
		Amount	
		\$50.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor		Registration Number, if PAC	
Melissia Fuhman			
Street Address	Employer/Occupation/Labor Organization*	M	D
1129 Afton Rd.		0	7
		2	3
		0	9
		Amount	
		\$25.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor		Registration Number, if PAC	
Russell Goodwin			
Street Address	Employer/Occupation/Labor Organization*	M	D
103 E. First Ave		0	7
		2	3
		0	9
		Amount	
		\$50.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43201	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 \$ 295.00