

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 Zachary Scott			Registration Number, if PAC	
Street Address 7784 Rosles	Employer/Occupation/Labor Organization*		M 0	D 5
City Worthington	State OH	Zip Code 43235	Y 1	Amount \$50.00
Full Name of Contributor Michael Sexton			Registration Number, if PAC	
Street Address 964 Highland St.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43201	Y 1	Amount \$50.00
Full Name of Contributor Christopher Shea			Registration Number, if PAC	
Street Address 270 Orchard Ln.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43214	Y 1	Amount \$100.00
Full Name of Contributor Michael L. Silberstein			Registration Number, if PAC	
Street Address 1088 Fountain Ln. Apt F	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43213	Y 1	Amount \$50.00
Full Name of Contributor Suzanne Stasiewicz			Registration Number, if PAC	
Street Address 64 Granville St.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43230	Y 1	Amount \$100.00
Full Name of Contributor Anne Taylor			Registration Number, if PAC	
Street Address 1375 Camelot Dr.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$50.00
Full Name of Contributor Lance Thompson			Registration Number, if PAC	
Street Address 800 E. Broad St.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43205	Y 1	Amount \$100.00

* 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 \$ **\$500.00**