

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Paley for Columbus</b>					
Full Name of Contributor <b>Nathan Wymer</b>				Registration Number, if PAC	
Street Address <b>One Nationwide Plaza</b>	Employer/Occupation/Labor Organization* <b>Nationwide Insurance</b>		M <b>0</b>	D <b>3</b>	Y <b>11</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>450051070 check</b>		Amount <b>500.00</b>
Full Name of Contributor <b>Kim Marinello</b>				Registration Number, if PAC	
Street Address <b>80 Williams Road</b>	Employer/Occupation/Labor Organization* <b>Board of Elections</b>		M <b>0</b>	D <b>4</b>	Y <b>11</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>	Form(Cash,Check,etc) <b>547 check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Mario Chiardelli</b>				Registration Number, if PAC	
Street Address <b>900 Seventh Street NW</b>	Employer/Occupation/Labor Organization* <b>IBEW-COPE</b>		M <b>0</b>	D <b>3</b>	Y <b>11</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>2001</b>	Form(Cash,Check,etc) <b>23836</b>		Amount <b>1,000.00</b>
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

\* 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 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

Total expenditures this event

Page Total \$ 1,550.00