

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Paley for Columbus</b>				
Full Name of Contributor <b>Nathan Gordon</b>			Registration Number, if PAC	
Street Address <b>2485 E. Broad Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Bill Hedrick</b>			Registration Number, if PAC	
Street Address <b>535 West First Ave.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Jeffrey Porter</b>			Registration Number, if PAC	
Street Address <b>329 S. Richardson Ave.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43204</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Ruth Rankin</b>			Registration Number, if PAC	
Street Address <b>2432 Wyncourtney Ct.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>cash</b>				
Full Name of Contributor <b>Zachary Scott</b>			Registration Number, if PAC	
Street Address <b>7784 Rowles</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43235</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Mark Serrott</b>			Registration Number, if PAC	
Street Address <b>503 S. Third St.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>2</b>	Amount <b>\$60.00</b>
Form (Cash, Check, etc.) <b>cash</b>				
Full Name of Contributor <b>D. Michael Sheline &amp; Arthur Wills Jr.</b>			Registration Number, if PAC	
Street Address <b>912 Bernard Rd.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>check</b>				

\* 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 \$ **\$410.00**