

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 Ariana Adams & Jan Richards			Registration Number, if PAC	
Street Address 5146 Dry Creek Dr.	Employer/Occupation/Labor Organization*		M D Y 0 7 2 3 0 9	Amount \$50.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) check	
Full Name of Contributor Gary Baker & Diane Wendel Baker			Registration Number, if PAC	
Street Address 2142 Staghorn Way	Employer/Occupation/Labor Organization*		M D Y 0 7 2 3 0 9	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) check	
Full Name of Contributor Ted Barrows			Registration Number, if PAC	
Street Address 4834 Sarasota Dr.	Employer/Occupation/Labor Organization*		M D Y 0 7 2 3 0 9	Amount \$150.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard & Suzanne Brown			Registration Number, if PAC	
Street Address 7559 Bruns Ct.	Employer/Occupation/Labor Organization*		M D Y 0 7 2 3 0 9	Amount \$50.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) check	
Full Name of Contributor Daniel Brown & Sally Blue			Registration Number, if PAC	
Street Address 2811 Charing Rd.	Employer/Occupation/Labor Organization*		M D Y 0 7 2 3 0 9	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Citizens for Julia Dorrian			Registration Number, if PAC	
Street Address 65 E. State St. Ste 500	Employer/Occupation/Labor Organization*		M D Y 0 7 2 3 0 9	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Citizens for Lori Tyack			Registration Number, if PAC	
Street Address 4080 Chelsea Bridge Ln.	Employer/Occupation/Labor Organization*		M D Y 0 7 2 3 0 9	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) 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
160.5100

Total expenditures this event.

723.98
\$0.00

Page Total \$ **\$700.00**