

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Paley for Columbus					
Full Name of Contributor				Registration Number, if PAC	
Paul Smith					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
7844 Headwater Drive	Attorney		0	3	0
City	State	Zip Code	1	1	1
Blacklick	O H	43004	Form(Cash,Check,etc)		Amount
				124 check	50.00
Full Name of Contributor				Registration Number, if PAC	
Ira Sully					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
844 S. Front Street	Attorney self		0	3	0
City	State	Zip Code	1	1	1
Columbus	O H	43206	Form(Cash,Check,etc)		Amount
				5402 check	100.00
Full Name of Contributor				Registration Number, if PAC	
Eugene Weiss					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
536 S. 3rd Street	Attorney self		0	3	0
City	State	Zip Code	1	1	1
Columbus	O H	43215	Form(Cash,Check,etc)		Amount
				16628 check	50.00
Full Name of Contributor				Registration Number, if PAC	
Ruth Rankin					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2432 Wyncourtney	retired		0	3	0
City	State	Zip Code	1	1	1
Powell	O H	43065	Form(Cash,Check,etc)		Amount
				cash	100.00
Full Name of Contributor				Registration Number, if PAC	
Philip Rasor					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
4265 Reedbury Lane	RW Armstrong		0	3	0
City	State	Zip Code	1	1	1
Columbus	O H	43220	Form(Cash,Check,etc)		Amount
				1045 check	50.00
Full Name of Contributor				Registration Number, if PAC	
Caren Zajt					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5857 Satinwood Drive	SWACO		0	3	0
City	State	Zip Code	1	1	1
Columbus	O H	43229	Form(Cash,Check,etc)		Amount
				2096 check	50.00
Full Name of Contributor				Registration Number, if PAC	
Gregory Lestini					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
100 S Third Street	Bricker & Eckler		0	3	0
City	State	Zip Code	1	1	1
Columbus	O H	43215	Form(Cash,Check,etc)		Amount
				check 5104	50.00

* 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 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 \$ 450.00