

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		Registration Number, if PAC	
Andrew O. Eribo			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
7165 Biddick Court	Ridway Eng Group Inc	0 6 1 5 1 0	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
New Albany	OH	43054	ck
Full Name of Contributor		Registration Number, if PAC	
Jerome J. Madigan			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
566 S. Fourth St.	ATTY - SELF	0 6 1 5 1 0	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	ck
Full Name of Contributor		Registration Number, if PAC	
CMAGE/CWA Local			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1350 W. Fifth Ave. 300	PAC	0 6 1 5 1 0	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	ck
Full Name of Contributor		Registration Number, if PAC	
Connie Klema			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
P.O. Box 991 - 100 ZELLERS LN.	ATTY	0 6 1 5 1 0	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Pataskala	OH	43062	ck
Full Name of Contributor		Registration Number, if PAC	
Philip Razor			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4265 Reedbury Ln	RW ARMSTRONG - VP	0 6 1 5 1 0	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	ck
Full Name of Contributor		Registration Number, if PAC	
Mehmet Tin			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2597 Coltsbridge Dr.	STANTEC CONSULT GROUP	0 6 1 5 1 0	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Lewis Center	OH	43035	ck
Full Name of Contributor		Registration Number, if PAC	
Tobias Iloka			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
Run Dr.	DYNOTECH, INC.	0 6 1 5 1 0	\$300.00
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43082	ck

* 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 \$ 1,250.00
