

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				Registration Number, if PAC	
Full Name of Contributor Christy Angel & Otto Beatty III				Registration Number, if PAC	
Street Address 206 Beck St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Columbus	State OH	Zip Code 43206	Amount \$100.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Raymond Lee Brown				Registration Number, if PAC	
Street Address 206 Hawkins Ln.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Blacklick	State OH	Zip Code 43004	Amount \$25.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Douglas & Barbara Davis				Registration Number, if PAC	
Street Address 2775 Elm Ave.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Columbus	State OH	Zip Code 43209	Amount \$100.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Fran Dennis				Registration Number, if PAC	
Street Address 8305 Reynoldswood Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Reynoldsburg	State OH	Zip Code 43068	Amount \$100.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Shawn Dingus				Registration Number, if PAC	
Street Address 213 Powhatan Ave.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Columbus	State OH	Zip Code 43204	Amount \$100.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Kevin & Mary Kay Fenlon				Registration Number, if PAC	
Street Address 85 Cressingham Ln.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Powell	State OH	Zip Code 43065	Amount \$25.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Jordan Finegold & Amy Debra Klaben				Registration Number, if PAC	
Street Address 238 N. Cassady Ave.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Columbus	State OH	Zip Code 43209	Amount \$25.00	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
2518132

Total expenditures this event.

146175
\$0.00

Page Total \$ 475.00