

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 Patrick Copeland			Registration Number, if PAC	
Street Address 1162 E. Broad St. Apt. F1	Employer/Occupation/Labor Organization* RETIRED		M 0	D 7
City Columbus	State OH	Zip Code 43205	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor James Daley			Registration Number, if PAC	
Street Address 4300 Dublin Rd.	Employer/Occupation/Labor Organization* BEST EFFORTS		M 0	D 7
City Columbus	State OH	Zip Code 43221	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Michael & Robert Daniels			Registration Number, if PAC	
Street Address 376 Binns Blvd	Employer/Occupation/Labor Organization* OUTLOOK		M 0	D 7
City Columbus	State OH	Zip Code 43204	Y 2	Amount \$20.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Carole DePaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Ln.	Employer/Occupation/Labor Organization* RETIRED		M 0	D 7
City columbus	State OH	Zip Code 43220	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Bernard Floetker			Registration Number, if PAC	
Street Address 1295 S. High St.	Employer/Occupation/Labor Organization* SELF - ATTY		M 0	D 7
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Melissia Fuhman			Registration Number, if PAC	
Street Address 1129 Afton Rd.	Employer/Occupation/Labor Organization* UNEMPLOYED		M 0	D 7
City Columbus	State OH	Zip Code 43221	Y 2	Amount \$25.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Russell Goodwin			Registration Number, if PAC	
Street Address 103 E. First Ave	Employer/Occupation/Labor Organization* SUPPLY BOLTER ANIMAL HEALTH OWNER		M 0	D 7
City Columbus	State OH	Zip Code 43201	Y 2	Amount \$50.00
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

Total expenditures this event.

\$0.00

Page Total \$ **\$295.00**