

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		Employer/Occupation/Labor Organization*		M	D	Y	Amount
D. Kopech		Kopech & O'Grady Atty		0	2	19	\$250.00
Street Address 471 W. Broad Street		State OH Zip Code 43215		Form (Cash, Check, etc.) ck			
City Columbus							
Full Name of Contributor Michael Rankin		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 2432 Wyncourtney Ct.		Ohio Dep. S.T. - REGISTRA		0	2	19	\$100.00
City Powell		State OH Zip Code 43005		Form (Cash, Check, etc.) ck			
Full Name of Contributor Jon Sola		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 713 S. Front Street		SAIA-PIATT LLC - ATTY		0	2	19	\$150.00
City Columbus		State OH Zip Code 43206		Form (Cash, Check, etc.) ck			
Full Name of Contributor Mark Somof		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 780 Northwest Blvd. A		SELF - ATTY		0	2	19	\$500.00
City Columbus		State OH Zip Code 43212		Form (Cash, Check, etc.) ck			
Full Name of Contributor Thomas Tootle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 5971 Hildensboro Dr.		SELF - ATTY		0	2	19	\$100.00
City Columbus		State OH Zip Code 43017		Form (Cash, Check, etc.) ck			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		State OH Zip Code		Form (Cash, Check, etc.)			
City							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		State OH Zip Code		Form (Cash, Check, etc.)			
City							

* 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 amount of each contribution in the amount column for this event.

Fill in the date of the event in the date column. If the event is a series of events, fill in the date of the first event. If the event is a series of events, fill in the date of the last event. If the event is a series of events, fill in the date of the event.

Total contributions this event

\$1,750.00

Total expenditures this event

\$0.00

\$1,100.00