

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 David L. Hodge				Registration Number, if PAC	
Street Address 37 W. Broad Street Ste 725		Employer/Occupation/Labor Organization* Smith & Hale LLC/Atty		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$500.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor Robert W. McGormley					
Street Address 511 Union St.		Employer/Occupation/Labor Organization* GSP Ohio PAC/Principal		M 0	D 6
City Nashville		State TN	Zip Code 37219	Y 1	Amount \$250.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor Plumbers & Pipefitters					
Street Address 1250 Kinnear Rd.		Employer/Occupation/Labor Organization* Plumbers & Pipefitters		M 0	D 6
City Columbus		State OH	Zip Code 43212	Y 1	Amount \$500.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor Joyce Garver Keller					
Street Address 2607 Sherwood Rd.		Employer/Occupation/Labor Organization* OHIO LOBBYING ASSOC.		M 0	D 6
City Columbus		State OH	Zip Code 43209	Y 1	Amount \$50.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor Jeffrey M. Lewis Co. LPA					
Street Address 150 E. Mound Street		Employer/Occupation/Labor Organization* Atty		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$250.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor Nisource Inc. PAC					
Street Address 200 Civic Center Dr.		Employer/Occupation/Labor Organization* PAC		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$250.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor Medical Mutual of Ohio					
Street Address 2060 E. Ninth St.		Employer/Occupation/Labor Organization* Pac		M 0	D 6
City Cleveland		State OH	Zip Code 44115	Y 1	Amount \$100.00
Form (Cash, Check, etc.) 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 \$ **\$1,900.00**