

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 Rockey Kerns			Registration Number, if PAC	
Street Address 467 Waterbury Ct.	Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna	State OH	Zip Code 43230	Y 8	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Robert & Christine Kowalczyk			Registration Number, if PAC	
Street Address 8393 Kingsley Dr.	Employer/Occupation/Labor Organization*		M 1	D 0
City Reynoldsburg	State OH	Zip Code 43068	Y 8	Amount \$25.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Joe Landusky			Registration Number, if PAC	
Street Address 901 S. High St.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 8	Amount \$50.00
Form (Cash, Check, etc.) cash				
Full Name of Contributor Donald Leach, Jr.			Registration Number, if PAC	
Street Address 191 W. Nationwide Blvd. Ste 300	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 8	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor John Logan & Mary Duffey			Registration Number, if PAC	
Street Address 4740 Hayden Run Rd.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43221	Y 8	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Michael McElligott			Registration Number, if PAC	
Street Address 511 E. Jeffrey Pl.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43214	Y 8	Amount \$25.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Lindsay Mentel			Registration Number, if PAC	
Street Address 58 N. Fourth St.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 8	Amount \$200.00
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 \$ **\$600.00**