

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 Janet Grubb			Registration Number, if PAC	
Street Address 4062 Georgesville Wrightsville Rd.	Employer/Occupation/Labor Organization*		M 0	D 5
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Donald Hallowes			Registration Number, if PAC	
Street Address 252 Kingsmeadow Ln.	Employer/Occupation/Labor Organization*		M 0	D 5
City Blacklick	State OH	Zip Code 43004	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Bill Hedrick			Registration Number, if PAC	
Street Address 535 West First Ave.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor C, Edward & Sandra Horn			Registration Number, if PAC	
Street Address 378 Charmel Pl.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43235	Y 1	Amount \$30.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Jeanine & Mark Hummer			Registration Number, if PAC	
Street Address 1795 Edgemont Rd.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43212	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Jo Kaiser			Registration Number, if PAC	
Street Address 389 Library Ct.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Donald & Renee Kloo			Registration Number, if PAC	
Street Address 225 E. North Broadway St.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43214	Y 1	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 \$ **\$480.00**