

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 Steven Shellabarger			Registration Number, if PAC	
Street Address 845 N. High St #402	Employer/Occupation/Labor Organization* SELF EMPLOYED		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Hamilton & Margaret Teaford			Registration Number, if PAC	
Street Address 91 Deshler Ave.	Employer/Occupation/Labor Organization* CORP CENTRAL-OHIO COM. EMP		M 0	D 7
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Richanne Zymkoski & Patrick Fleming			Registration Number, if PAC	
Street Address 2128 Poplar St.	Employer/Occupation/Labor Organization* FC MUNI COURT		M 0	D 7
City Columbus	State OH	Zip Code 43207	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				

* 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 \$ **\$200.00**