

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Paley for Columbus				
Full Name of Contributor Nathan Wymer			Registration Number, if PAC	
Street Address One Nationwide Plaza	Employer/Occupation/Labor Organization* Nationwide Insurance		M D Y 0 3 0 3 1 1	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) 450051070 check	
Full Name of Contributor Kim Marinello			Registration Number, if PAC	
Street Address 80 Williams Road	Employer/Occupation/Labor Organization* Board of Elections		M D Y 0 4 1 5 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43207	Form(Cash,Check,etc) 547 check	
Full Name of Contributor Mario Chiardelli			Registration Number, if PAC	
Street Address 900 Seventh Street NW	Employer/Occupation/Labor Organization* IBEW-COPE		M D Y 0 3 1 6 1 1	Amount 1,000.00
City Washington	State D C	Zip Code 2001	Form(Cash,Check,etc) 23836	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	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 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

12,865.00

Total expenditures this event

3,259.39

Page Total \$ 1,550.00