

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 Robert & Audrey Robertson			Registration Number, if PAC	
Street Address 3900 Klondike Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Delaware	State OH	Zip Code 43015	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Don Ruben			Registration Number, if PAC	
Street Address 1000 Urlin Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43212	Y 1	Amount \$20.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Fran & Dick Ryan			Registration Number, if PAC	
Street Address 1452 Ironwood Dr.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43229	Y 1	Amount \$40.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Charles Santer			Registration Number, if PAC	
Street Address 373 W. Hubbard Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$20.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Roberta & Steven Shkolnik			Registration Number, if PAC	
Street Address 348 Walnut Cliffs Dr.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43213	Y 1	Amount \$20.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Marlene Wirth			Registration Number, if PAC	
Street Address 1029 Northfield Pl. N.	Employer/Occupation/Labor Organization*		M 0	D 9
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$20.00
Form (Cash, Check, etc.) cash				
Full Name of Contributor Caren Zaft			Registration Number, if PAC	
Street Address 5857 Satinwood Dr.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43229	Y 1	Amount \$20.00
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 \$ **\$240.00**