

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				Registration Number, if PAC	
Greg Otey					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5118 Canterbury Drive	URS		0	3	0
City	State	Zip Code	1	1	1
Powell	O H	43065	Form(Cash,Check,etc)		
Full Name of Contributor				Amount	
Larry Price				8389 check	
Street Address				Registration Number, if PAC	
85 East Gay Street, Suite 808					
Employer/Occupation/Labor Organization*		M	D	Y	Amount
Price Consulting		0	3	0	1
City	State	Zip Code	1	1	1
Columbus	O H	43215	Form(Cash,Check,etc)		
Full Name of Contributor				Amount	
Rob Rivers				7005 check	
Street Address				Registration Number, if PAC	
277 W. Nationwide Blvd					
Employer/Occupation/Labor Organization*		M	D	Y	Amount
URS		0	3	0	1
City	State	Zip Code	1	1	1
Columbus	O h	43215	Form(Cash,Check,etc)		
Full Name of Contributor				Amount	
Patrick Roman				4146 check	
Street Address				Registration Number, if PAC	
18385 E. Mansfield Ave					
Employer/Occupation/Labor Organization*		M	D	Y	Amount
Black & Veach		0	3	0	1
City	State	Zip Code	1	1	1
Aurora	O H	80018	Form(Cash,Check,etc)		
Full Name of Contributor				Amount	
Francine Ryan				1213 check	
Street Address				Registration Number, if PAC	
125 Frankfort Sq					
Employer/Occupation/Labor Organization*		M	D	Y	Amount
Byers		0	3	0	1
City	State	Zip Code	1	1	1
Columbus	O H	43206-1024	Form(Cash,Check,etc)		
Full Name of Contributor				Amount	
Elie Sabbagh				9050 check	
Street Address				Registration Number, if PAC	
6726 Monticello Lane					
Employer/Occupation/Labor Organization*		M	D	Y	Amount
Feller Finch		0	3	0	1
City	State	Zip Code	1	1	1
Dublin	O H	43016	Form(Cash,Check,etc)		
Full Name of Contributor				Amount	
Robert Trafford				3437 Check	
Street Address				Registration Number, if PAC	
41 South High Street					
Employer/Occupation/Labor Organization*		M	D	Y	Amount
Porterwright		0	3	0	1
City	State	Zip Code	1	1	1
Columbus	O H	43215	Form(Cash,Check,etc)		
Full Name of Contributor				Amount	
				361961 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 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

Total expenditures this event

Page Total \$ 900.00