

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 Jan Irwin			Registration Number, if PAC		
Street Address 4910 Fuller Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State OH	Zip Code 43214	Amount \$20.00		
Full Name of Contributor Roy & Deborah Izzo			Registration Number, if PAC		
Street Address 2184 Hagerman Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State OH	Zip Code 43235	Amount \$40.00		
Full Name of Contributor Julie Keil			Registration Number, if PAC		
Street Address 50 E. Whittier St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State OH	Zip Code 43206	Amount \$20.00		
Full Name of Contributor Walter King			Registration Number, if PAC		
Street Address 1465 Lockbourne Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State OH	Zip Code 43206	Amount \$50.00		
Full Name of Contributor Ann Lavelle			Registration Number, if PAC		
Street Address 1217 Neil Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State OH	Zip Code 43201	Amount \$20.00		
Full Name of Contributor Arnold Malech			Registration Number, if PAC		
Street Address 681 Maplerun Ln.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Westerville	State OH	Zip Code 43081	Amount \$35.00		
Full Name of Contributor Kim Marinello			Registration Number, if PAC		
Street Address 80 Williams Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State OH	Zip Code 43207	Amount \$20.00		

* 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 \$ **\$205.00**