

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 Chester, Willcox & Saxbe				Registration Number, if PAC	
Street Address 65 E. State St. Ste 1000		Employer/Occupation/Labor Organization* ATTY		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor Charles Scroggin				Registration Number, if PAC	
Street Address 3640 Barrow Wood Lane		Employer/Occupation/Labor Organization* HDR		M 0	D 6
City Lexington		State KY	Zip Code 40502	Y 1	Amount \$250.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor William Stilson				Registration Number, if PAC	
Street Address 355 E. Campus View Blvd		Employer/Occupation/Labor Organization* WE CONSULT GROUP		M 0	D 6
City Columbus		State OH	Zip Code 43235	Y 1	Amount \$250.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor Christie Angel				Registration Number, if PAC	
Street Address 206 E. Beck Street		Employer/Occupation/Labor Organization* SEAN P. DUNN & ASSOC		M 0	D 7
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$100.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor Ted Barrows				Registration Number, if PAC	
Street Address 4834 Sarasota Dr.		Employer/Occupation/Labor Organization* Judge MARI COURT		M 0	D 6
City Hilliard		State OH	Zip Code 43026	Y 1	Amount \$100.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor Larry Hotchkiss				Registration Number, if PAC	
Street Address 1241 Dublin Road		Employer/Occupation/Labor Organization* Self/Atty		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$250.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor Chester Willcox & Saxbe				Registration Number, if PAC	
Street Address 65 E. State St. Ste 1000		Employer/Occupation/Labor Organization* Atty		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) ck					

* 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 \$ **\$1,150.00**