

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 Kate McSweeney-Pishotti				Registration Number, if PAC	
Street Address 552 Acton Road		Employer/Occupation/Labor Organization* COLS-RESEARCH ANALYSIS		M 0	D 9
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Peg Meckling					
Street Address 196 N. Chase		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43204	Y 1	Amount \$20.00
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Betsy Miller					
Street Address 360 E Beck St.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$20.00
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Erick & Kathy Owens					
Street Address 2550 Tucker Trail		Employer/Occupation/Labor Organization* COLS-RESEARCH ANALYSIS		M 0	D 9
City Lewis Center		State OH	Zip Code 43035	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Cheryl Pentella					
Street Address 373 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 Randy Pfeiffer					
Street Address 360 E. Beck St.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$20.00
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Ruth Rankin					
Street Address 2432 Wyncourtney Ct.		Employer/Occupation/Labor Organization*		M 0	D 9
City Powell		State OH	Zip Code 43065	Y 1	Amount \$20.00
				Form (Cash, Check, etc.) cash	

* 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 \$ **\$200.00**