

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				Registration Number, if PAC			
Full Name of Contributor Charles Bendig		Employer/Occupation/Labor Organization*		M D Y		Amount	
Street Address 4937 W. Broad Street		SELF - ATTY		0 2 1 9 0 9		\$50.00	
City Columbus		State OH	Zip Code 43228	Form (Cash, Check, etc.) ck			
Full Name of Contributor Michael David Brown Jr.		Employer/Occupation/Labor Organization*		M D Y		Amount	
Street Address 618 Mowhawk Street		SELF - CONSULTANT		0 2 1 9 0 9		\$50.00	
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) ck			
Full Name of Contributor Scott Campbell		Employer/Occupation/Labor Organization*		M D Y		Amount	
Street Address 2472 Haviland Rd.		THOMPSON-HINE LP-ATTY		0 2 1 9 0 9		\$100.00	
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) ck			
Full Name of Contributor John Connor		Employer/Occupation/Labor Organization*		M D Y		Amount	
Street Address 436 W. 5th Ave.		CT of APPEALS - Judge		0 2 1 9 0 9		\$150.00	
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) ck			
Full Name of Contributor Robert Crosby		Employer/Occupation/Labor Organization*		M D Y		Amount	
Street Address 1520 Thurell Rd.		RETIRED		0 2 1 9 0 9		\$50.00	
City Columbus		State OH	Zip Code 43229	Form (Cash, Check, etc.) ck			
Full Name of Contributor Mark Froehlich		Employer/Occupation/Labor Organization*		M D Y		Amount	
Street Address 95 Northwoods Blvd.		FC PROBATE CT - ATTY		0 2 1 9 0 9		\$150.00	
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) ck			
Full Name of Contributor Elizabeth Ann Holman		Employer/Occupation/Labor Organization*		M D Y		Amount	
Street Address 2526 Timberside Dr.		RETIRED		0 2 1 9 0 9		\$100.00	
City Columbus		State OH	Zip Code 43235	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 amount of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(5)]

Fill in the boxes below only on the last page for this event.

Provide the total cash received from all contributors, the total amount received by contributors state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1750.00

Total expenditures this event

0

Page Total \$

\$650.00