

# 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 Council					
Full Name of Contributor Phillip Craig		Registration Number, if PAC			
Street Address 5490 Heathrow Dr.	Employer/Occupation/Labor Organization*	M 0	D 6	Y 2409	Amount \$1,000.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) check		
Full Name of Contributor Bradley Frick		Registration Number, if PAC			
Street Address 1265 Neil Ave.	Employer/Occupation/Labor Organization*	M 0	D 6	Y 2409	Amount \$100.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) check		
Full Name of Contributor Sheryl Landers		Registration Number, if PAC			
Street Address 7202 Tunbridge Dr.	Employer/Occupation/Labor Organization*	M 0	D 6	Y 2409	Amount \$50.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) check		
Full Name of Contributor Rebecca Rofsky		Registration Number, if PAC			
Street Address 28 S. Roosevelt Ave.	Employer/Occupation/Labor Organization*	M 0	D 6	Y 2409	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check		
Full Name of Contributor Miriam Yenkin		Registration Number, if PAC			
Street Address 2720 Brentwood Rd.	Employer/Occupation/Labor Organization*	M 0	D 6	Y 2409	Amount \$50.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check		
Full Name of Contributor		Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor		Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		

\* 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  
1300.00

Total expenditures this event.

\$0.00

Page Total \$ 1,300.00