

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 Mike Ambrose			Registration Number, if PAC	
Street Address 3392 Watersilk	Employer/Occupation/Labor Organization* FIELD RESOURCES - OWNER		M 0	D 9
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$20.00
Form (Cash, Check, etc.) cash				
Full Name of Contributor Robert Bannerman			Registration Number, if PAC	
Street Address 2362 Bridlewood Blvd.	Employer/Occupation/Labor Organization* SELF - ATTY		M 0	D 9
City Obetz	State OH	Zip Code 43207	Y 1	Amount \$20.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Ingeborg Burczyk			Registration Number, if PAC	
Street Address 2722 Central Park Pl.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43231	Y 1	Amount \$20.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Paul Castoe			Registration Number, if PAC	
Street Address 6926 Prior Pl.	Employer/Occupation/Labor Organization*		M 0	D 9
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$20.00
Form (Cash, Check, etc.) check				
Full Name of Contributor John Conroy			Registration Number, if PAC	
Street Address 3363 Tremont Rd. Ste 104C	Employer/Occupation/Labor Organization* SELF - ATTY		M 0	D 9
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Janice Erlich			Registration Number, if PAC	
Street Address 668 Belamy Pl.	Employer/Occupation/Labor Organization* RETIRED		M 0	D 9
City Columbus	State OH	Zip Code 43213	Y 1	Amount \$40.00
Form (Cash, Check, etc.) check				
Full Name of Contributor William Erlich			Registration Number, if PAC	
Street Address 3166 Canyon Bluff Dr.	Employer/Occupation/Labor Organization* R		M 0	D 9
City Canal Winchester	State OH	Zip Code 43110	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
10961.00

Total expenditures this event

236.00
\$0.00

Page Total \$ **\$190.00**