

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Paley for Columbus					
Full Name of Contributor John P. Condo			Registration Number, if PAC		
Street Address 1358 Bosworth Ct	Employer/Occupation/Labor Organization*		M 0	D 2	Y 11
City Columbus	State OH	Zip Code 43229	Form(Cash,Check,etc) cash		Amount 10.00
Full Name of Contributor William Davies			Registration Number, if PAC		
Street Address 4303 Seahorse Lane	Employer/Occupation/Labor Organization* retired		M 0	D 2	Y 11
City Groveport	State OH	Zip Code 43125	Form(Cash,Check,etc) 1204 check		Amount 100.00
Full Name of Contributor James Johnson			Registration Number, if PAC		
Street Address 1084 Berkeley Road	Employer/Occupation/Labor Organization*		M 0	D 2	Y 11
City Columbus	State OH	Zip Code 43206-1704	Form(Cash,Check,etc) cash		Amount 50.00
Full Name of Contributor Ed Hogan			Registration Number, if PAC		
Street Address 33 N Third Street, Ste 400	Employer/Occupation/Labor Organization* New Visions Group		M 0	D 2	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) 2452 Check		Amount 250.00
Full Name of Contributor Barbara Benham			Registration Number, if PAC		
Street Address Huntington National Bank	Employer/Occupation/Labor Organization* Huntington		M 0	D 2	Y 11
City Columbus	State OH	Zip Code 43215-6101	Form(Cash,Check,etc) 5209 check		Amount 500.00
Full Name of Contributor Dave Caldwell			Registration Number, if PAC 6210		
Street Address 777 Dearborn Park Lane Suite J	Employer/Occupation/Labor Organization* United Steel Workers		M 0	D 2	Y 11
City Columbus	State OH	Zip Code 43085-5716	Form(Cash,Check,etc) check		Amount 500.00
Full Name of Contributor Nancy Wonnell			Registration Number, if PAC		
Street Address 330 S. High Street	Employer/Occupation/Labor Organization* Self Attorney		M 0	D 2	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) 3976 check		Amount 50.00

* 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 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

Total expenditures this event

Page Total \$ 1,460.00