

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 Ariana Adams - Jan Richards			Registration Number, if PAC	
Street Address 5146 Dry Creek Dr.	Employer/Occupation/Labor Organization*		M 0	D 5
City Dublin	State OH	Zip Code 43016	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Robert Bannerman			Registration Number, if PAC	
Street Address 900 E Sycamore St.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$30.00
Form (Cash, Check, etc.) check				
Full Name of Contributor John Bates			Registration Number, if PAC	
Street Address 495 S. High St. Ste 400	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Laurel Beatty			Registration Number, if PAC	
Street Address 268 E. Gates St.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$50.00
Form (Cash, Check, etc.) CASH				
Full Name of Contributor Sally W. Bloonfield			Registration Number, if PAC	
Street Address 3741 Romnay Rd.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$150.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Angela Albert Brown			Registration Number, if PAC	
Street Address 536 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Paula Brown			Registration Number, if PAC	
Street Address 4634 Kingston Ct.	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check				

* 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
3315.00

Total expenditures this event.

\$0.00
155.34

Page Total \$ **\$530.00**