## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

7/92/00	٦
Event Date 7/23/09	I
Page 1	

Name of Committee in Full					
Paley for Columbus					
Full Name of Contributor	Registration Number, if PAC				
Ariana Adams & Jan Richards					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
5146 Dry Creek Dr.			0 7 2 3 0 9 \$50.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Dublin	OH	43016	check		
Full Name of Contributor	Registration Number, if PAC				
Gary Baker & Diane Wendel Baker					
Street Address	Employer/Occupa	ntion/Labor Organization*	M D Y Amount		
2142 Staghorn Way			0 7 2 3 0 9 \$50.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Grove City	OH	43123	check		
Full Name of Contributor Registration Number, if PAC					
Ted Barrows					
Street Address	Employer/Occupa	ntion/Labor Organization*	M D Y Amount		
4834 Sarasota Dr.			0 7 2 3 0 9 \$150.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Hilliard	OH	43026	check		
Full Name of Contributor Registration Number, if PAC					
Richard & Suzanne Brown					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
7559 Bruns Ct.			0 7 2 3 0 9 \$50.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Canal Winchester	OH	43110	check		
Full Name of Contributor Daniel Brown & Sally Blue			Registration Number, if PAC		
Street Address 2811 Charing Rd.	Employer/Occupation/Labor Organization*		M D Y Amount 550.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43221	check		
Full Name of Contributor Citizens for Julia Dorrian  Registration Number, if PAC					
Street Address 65 E. State St. Ste 500	Employer/Occupation/Labor Organization*		M D Y Amount \$250.00		
	Sta te	Zip Code	Form (Cash, Check, etc.)		
City Columbus	OH	43215	check		
Full Name of Contributor Citizens for Lori Tyack	Registration Number, if PAC				
Street Address 4080 Chelsea Bridge Ln.	Employer/Occupation/Labor Organization*		M D Y Amount 0 7 2 3 0 9 \$100.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Gahanna	OH	43230	check		
* Required for contributions from individuals over \$100	to statewide and General As	sembly candidates. If contrib	utor is self-employed, the occupation and the name of		

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 No. 31-E" and list the date of the event in the date column

Total contributions this event



\$700.00 Page Total \$

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)]