

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 Jerome Friedman			Registration Number, if PAC	
Street Address 332 Cliffside Dr.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43202	Y 0	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Friends for Ginther			Registration Number, if PAC	
Street Address 98 Montrose Way	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43214	Y 0	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Michael Gruber & Lana Baker			Registration Number, if PAC	
Street Address 4045 Poste Ln.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Jeanine & Mark Hummer			Registration Number, if PAC	
Street Address 1795 Edgemont Rd.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43212	Y 0	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor James Johnson			Registration Number, if PAC	
Street Address 1084 Berkeley Rd.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43206	Y 0	Amount \$25.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Bryan Johnson			Registration Number, if PAC	
Street Address 1 E. Livingston Ave.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$25.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Julie Keil			Registration Number, if PAC	
Street Address 50 E. Whittier St.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43206	Y 0	Amount \$25.00
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

Total expenditures this event.

\$0.00

Page Total \$ **\$425.00**