

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 Nathan Gordon				Registration Number, if PAC	
Street Address 2485 E. Broad Street		Employer/Occupation/Labor Organization* SELF EMPLOYED		M 0	D 7
City Columbus		State OH	Zip Code 43209	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Bill Hedrick				Registration Number, if PAC	
Street Address 535 West First Ave.		Employer/Occupation/Labor Organization* CITY OF COLS - ATTY		M 0	D 7
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Jeffrey Porter				Registration Number, if PAC	
Street Address 329 S. Richardson Ave.		Employer/Occupation/Labor Organization* KEGIER BROWN - ATTY		M 0	D 7
City Columbus		State OH	Zip Code 43204	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Mike Rankin				Registration Number, if PAC	
Street Address 2432 Wyncourtney Ct.		Employer/Occupation/Labor Organization* OHIO - DEPT Public Safety		M 7	D 2
City Powell		State OH	Zip Code 43065	Y 3	Amount \$50.00
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Zachary Scott				Registration Number, if PAC	
Street Address 7784 Rowles		Employer/Occupation/Labor Organization* FC SHERIFF - SHERIFF		M 0	D 7
City Columbus		State OH	Zip Code 43235	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Mark Serroff				Registration Number, if PAC	
Street Address 503 S. Third St.		Employer/Occupation/Labor Organization* SELF - ATTY		M 0	D 7
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$60.00
				Form (Cash, Check, etc.) cash	
Full Name of Contributor D. Michael Sheline & Arthur Wills Jr.				Registration Number, if PAC	
Street Address 912 Bernard Rd.		Employer/Occupation/Labor Organization* OHIO - AG		M 0	D 7
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$50.00
				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 \$ **\$410.00**