

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 Michael Silberstein						Registration Number, if PAC	
Street Address 1093 Fountain Lane, Apt D		Employer/Occupation/Labor Organization* Attorney self		M 0	D 2	Y 2	Amount 50.00
City Columbus	State O	H H	Zip Code 43213-4158	Form(Cash,Check,etc) check			
Full Name of Contributor Ty Marsh						Registration Number, if PAC	
Street Address 57 Riverview Park Drive		Employer/Occupation/Labor Organization* Columbus Chamber of Com		M 0	D 2	Y 5	Amount 100.00
City Columbus	State O	H H	Zip Code 43214	Form(Cash,Check,etc) 170 check			
Full Name of Contributor Robert McGormley						Registration Number, if PAC	
Street Address Gresham Smith Partners		Employer/Occupation/Labor Organization* Grishan Smith		M 0	D 2	Y 5	Amount 250.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Bill Hedrick						Registration Number, if PAC	
Street Address 535 W. 1st Avenue		Employer/Occupation/Labor Organization* Columbus City Attorney		M 0	D 2	Y 6	Amount 50.00
City Columbus	State O	H H	Zip Code 43215-1101	Form(Cash,Check,etc) 4764 check			
Full Name of Contributor Barbara Hykes						Registration Number, if PAC	
Street Address 1865 Torchwood Drive		Employer/Occupation/Labor Organization* retired		M 0	D 2	Y 7	Amount 75.00
City Columbus	State O	H H	Zip Code 43229-3660	Form(Cash,Check,etc) 2357 check			
Full Name of Contributor Christie Angel						Registration Number, if PAC	
Street Address 206 E. Beck Street		Employer/Occupation/Labor Organization* Sean Dunn Associates		M 0	D 3	Y 0	Amount 150.00
City Columbus	State O	H H	Zip Code 43206-1285	Form(Cash,Check,etc) 4625			
Full Name of Contributor Charles Bluestone						Registration Number, if PAC	
Street Address 141 E. Town Street, Ste 100		Employer/Occupation/Labor Organization* Attorney self		M 0	D 3	Y 0	Amount 40.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) 1021 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 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 \$ 715.00