

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 D. Kopech			Registration Number, if PAC			
Street Address 471 W. Broad Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 19	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) ck			
Full Name of Contributor Michael Rankin			Registration Number, if PAC			
Street Address 2432 Wyncourtney Ct.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 19	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) ck			
Full Name of Contributor Jon Saia			Registration Number, if PAC			
Street Address 713 S. Front Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 19	Amount \$150.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) ck			
Full Name of Contributor Mark Serrot			Registration Number, if PAC			
Street Address 789 Northwest Blvd. A	Employer/Occupation/Labor Organization*		M 0	D 2	Y 19	Amount \$500.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) ck			
Full Name of Contributor Thomas Tootle			Registration Number, if PAC			
Street Address 5971 Hildenboro Dr.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 19	Amount \$100.00
City Columbus	State OH	Zip Code 43017	Form (Cash, Check, etc.) ck			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			

* 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

\$1,750.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,100.00**