

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 Charles McGrath			Registration Number, if PAC	
Street Address 1358 Rosehill Rd.	Employer/Occupation/Labor Organization*		M 0	D 5
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$25.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Margaret Meckling				
Street Address 196 N. Chase Ave.			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$50.00
City Columbus	State OH	Zip Code 43204	Y 1	
Form (Cash, Check, etc.) check				
Full Name of Contributor Sheldon & Joyce Paley				
Street Address 512 Hornblower Ln.			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$100.00
City Longboat Key	State FL	Zip Code 34228	Y 1	
Form (Cash, Check, etc.) check				
Full Name of Contributor David Parise				
Street Address 150 E. Mound St. #308			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Y 1	
Form (Cash, Check, etc.) cash				
Full Name of Contributor Andrea Peebles				
Street Address 5596 Winsor Woods Dr.			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$50.00
City Gahanna	State OH	Zip Code 43230	Y 1	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Linda Reibel				
Street Address 39 Orchard Dr.			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Y 1	
Form (Cash, Check, etc.) check				
Full Name of Contributor Mark Rutkus				
Street Address 55 W. Oakland Ave. Apt 2			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 5	Amount \$100.00
City Columbus	State OH	Zip Code 43201	Y 1	
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 \$ **\$475.00**