

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Paley for Columbus</b>				
Full Name of Contributor <b>Kristen Brown</b>			Registration Number, if PAC	
Street Address <b>1489 Oakbourne Dr.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43235</b>	Y <b>1</b>	Amount <b>\$50.00</b>
			Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Kimberly Cocroft</b>			Registration Number, if PAC	
Street Address <b>988 Wellington Blvd.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43219</b>	Y <b>1</b>	Amount <b>\$50.00</b>
			Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Robert &amp; Shirley Crosby</b>			Registration Number, if PAC	
Street Address <b>1520 Thurell Rd.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43229</b>	Y <b>1</b>	Amount <b>\$30.00</b>
			Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Michael Shawn Dings</b>			Registration Number, if PAC	
Street Address <b>213 Powhatan</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43204</b>	Y <b>1</b>	Amount <b>\$100.00</b>
			Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Janice Erlich</b>			Registration Number, if PAC	
Street Address <b>668 Bellamy Pl.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43213</b>	Y <b>1</b>	Amount <b>\$100.00</b>
			Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Richard Frye</b>			Registration Number, if PAC	
Street Address <b>1669 Roxbury Rd.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43212</b>	Y <b>1</b>	Amount <b>\$100.00</b>
			Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>M. Elizabeth Gill</b>			Registration Number, if PAC	
Street Address <b>90 E. Mithoff St.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Y <b>1</b>	Amount <b>\$100.00</b>
			Form (Cash, Check, etc.) <b>check</b>	

\* 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 \$ **\$530.00**