31-	E
R.C.	3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event	Date	7/23/09	
Page	2	***************************************	

Name of Committee in Full			
Paley for Columbus			
Full Name of Contributor			Registration Number, if PAC
Nathan Gordon			,
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
2485 E. Broad Street			0 7 2 3 0 9 \$50.00
City Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH	43209	check
Full Name of Contributor Bill Hedrick			Registration Number, if PAC
Street Address			
535 West First Ave.	Employer/Occupation/Labor Organization*		M D Y Amount
City	Cto to	12:- C-1	0 7 2 3 0 9 \$50.00
Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.)
Full Name of Contributor	OH	43213	check
Jeffrey Porter			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
329 S. Richardson Ave.	Linpioyei/Occup	ation/Labor Organization	0 7 2 3 0 9 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43204	check
Full Name of Contributor			Registration Number, if PAC
Ruth Rankin			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
2432 Wyncourtney Ct.			0 7 2 3 0 9 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Powell	OH	43065	cash
Full Name of Contributor Zachary Scott			Registration Number, if PAC
Street Address			
7784 Rowles	Employer/Occupation/Labor Organization*		M D Y Amount 0 7 2 3 0 9 \$50.00
City	04	G. 6.1	
Columbus	OH Stal te	Zip Code 43235	Form (Cash, Check, etc.) check
Full Name of Contributor	011	1.0200	
Mark Serrott			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
503 S. Third St.	Employer Goodpi	Mon Davor Organization	0 7 2 3 0 9 \$60.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	cash
Full Name of Contributor D. Michael Sheline & Arthur Wills Jr.			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
912 Bernard Rd.			0 7 2 3 0 9 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43221	check
Required for contributions from individuals over \$100 to	statewide and General Ass	sembly candidates. If contribu	tor is self-employed, the occupation and the name of

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

То	tal contributions this event	
	\$0.00	

Total expenditures this event.

\$0.00

\$410.00 Page Total \$

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)]