

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 Council				
Full Name of Contributor Phillip Craig			Registration Number, if PAC	
Street Address 5490 Heathrow Dr.	Employer/Occupation/Labor Organization*		M 0	D 6
City Powell	State OH	Zip Code 43065	Y 2	Amount \$1,000.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Bradley Frick			Registration Number, if PAC	
Street Address 1265 Neil Ave.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43201	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Sheryl Landers			Registration Number, if PAC	
Street Address 7202 Tunbridge Dr.	Employer/Occupation/Labor Organization*		M 0	D 6
City New Albany	State OH	Zip Code 43054	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Rebecca Rofsky			Registration Number, if PAC	
Street Address 28 S. Roosevelt Ave.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Miriam Yenkin			Registration Number, if PAC	
Street Address 2720 Brentwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
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

\$0.00
1300.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,300.00**