

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 Janet Grubb			Registration Number, if PAC				
Street Address 4062 Georgesville Wrightsville Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	14	\$50.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) check			
Full Name of Contributor Donald Hallowes							
Street Address 252 Kingsmeadow Ln.			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
				M	D	Y	Amount
				0	5	14	\$100.00
City Blacklick		State OH	Zip Code 43004	Form (Cash, Check, etc.) check			
Full Name of Contributor Bill Hedrick							
Street Address 535 West First Ave.			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
				M	D	Y	Amount
				0	5	14	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor C, Edward & Sandra Horn							
Street Address 378 Charmel Pl.			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
				M	D	Y	Amount
				0	5	14	\$30.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) check			
Full Name of Contributor Jeanine & Mark Hummer							
Street Address 1795 Edgemont Rd.			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
				M	D	Y	Amount
				0	5	14	\$50.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) check			
Full Name of Contributor Jo Kaiser							
Street Address 389 Library Ct.			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
				M	D	Y	Amount
				0	5	14	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Donald & Renee Klco							
Street Address 225 E. North Broadway St.			Employer/Occupation/Labor Organization*		Registration Number, if PAC		
				M	D	Y	Amount
				0	5	14	\$50.00
City Columbus		State OH	Zip Code 43214	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 \$ 480.00
