

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		Registration Number, if PAC	
Charles McGrath			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1358 Rosehill Rd.		0 5 1 4 0 9	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	check
Full Name of Contributor		Registration Number, if PAC	
Margaret Meckling			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
196 N. Chase Ave.		0 5 1 4 0 9	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43204	check
Full Name of Contributor		Registration Number, if PAC	
Sheldon & Joyce Paley			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
512 Hornblower Ln.		0 5 1 4 0 9	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Longboat Key	FL	34228	check
Full Name of Contributor		Registration Number, if PAC	
David Parise			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
150 E. Mound St. #308		0 5 1 4 0 9	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	cash
Full Name of Contributor		Registration Number, if PAC	
Andrea Peebles			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5596 Winsor Woods Dr.		0 5 1 4 0 9	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	Check
Full Name of Contributor		Registration Number, if PAC	
Linda Reibel			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
39 Orchard Dr.		0 5 1 4 0 9	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	check
Full Name of Contributor		Registration Number, if PAC	
Mark Rutkus			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
55 W. Oakland Ave. Apt 2		0 5 1 4 0 9	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43201	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
