

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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paley for Columbus							
Full Name of Contributor Jerome Friedman		Registration Number, if PAC					
Street Address 332 Cliffside Dr.		OSU		1	0	8	\$100.00
City Columbus		State OH	Zip Code 43202				
				Form (Cash, Check, etc.) check			
Full Name of Contributor Friends for Ginther		Registration Number, if PAC					
Street Address 98 Montrose Way		City of Cols - Council A		1	0	8	\$100.00
City Columbus		State OH	Zip Code 43214				
				Form (Cash, Check, etc.) check			
Full Name of Contributor Michael Gruber & Lana Baker		Registration Number, if PAC					
Street Address 4045 Poste Ln.		GRUBERS' COLS AGENCY INC		1	0	8	\$100.00
City Columbus		State OH	Zip Code 43221				
				Form (Cash, Check, etc.) check			
Full Name of Contributor Jeanine & Mark Hummer		Registration Number, if PAC					
Street Address 1795 Edgemont Rd.		FC MUNI CT. MAGISTRATE		1	0	8	\$50.00
City Columbus		State OH	Zip Code 43212				
				Form (Cash, Check, etc.) check			
Full Name of Contributor James Johnson		Registration Number, if PAC					
Street Address 1084 Berkeley Rd.				1	0	8	\$25.00
City Columbus		State OH	Zip Code 43206				
				Form (Cash, Check, etc.) check			
Full Name of Contributor Bryan Johnson		Registration Number, if PAC					
Street Address 1 E. Livingston Ave.		SELF-ATTY		1	0	8	\$25.00
City Columbus		State OH	Zip Code 43215				
				Form (Cash, Check, etc.) check			
Full Name of Contributor Julie Keil		Registration Number, if PAC					
Street Address 50 E. Whittier St.		OARF		1	0	8	\$25.00
City Columbus		State OH	Zip Code 43206				
				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 \$ \$425.00