

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Paley for Columbus		Smith & Hale		0	3	11	500.00
Full Name of Contributor Benjamin Hale		Registration Number, if PAC					
Street Address 37 West Broad Street		State OH		Zip Code 43215		Form(Cash,Check,etc) 8162 check	
City Columbus							
Full Name of Contributor Jeffrey L. Brown		Smith & Hale		0	3	11	500.00
Street Address 37 West Broad Street		Registration Number, if PAC					
City Columbus		State OH		Zip Code 43215		Form(Cash,Check,etc) 8163 check	
Full Name of Contributor Roger Jacobson		Stantec		0	3	11	250.00
Street Address 307 Chasely Circle		Registration Number, if PAC					
City Powell		State OH		Zip Code 43065		Form(Cash,Check,etc) 2346 check	
Full Name of Contributor Thomas Jedinsky		Camp Dresser & MCKee		0	3	11	50.00
Street Address 825 Retreat Lane		Registration Number, if PAC					
City Powell		State OH		Zip Code 43065		Form(Cash,Check,etc) 8482 check	
Full Name of Contributor James P. Joyce		HR Gray & Associates		0	3	11	1,000.00
Street Address 3770 Ridge Mill Drive		Registration Number, if PAC					
City Hilliard		State OH		Zip Code 43026		Form(Cash,Check,etc) 5547 check	
Full Name of Contributor Jo Kaiser		self attorney		0	3	11	50.00
Street Address 389 Library Park Court		Registration Number, if PAC					
City Columbus		State OH		Zip Code 43215		Form(Cash,Check,etc) 126 check	
Full Name of Contributor Jeffrey M. Laurie		Malcom Pirnie		0	3	11	50.00
Street Address 1745 White Oak Drive		Registration Number, if PAC					
City Delaware		State OH		Zip Code 43015		Form(Cash,Check,etc) 5678 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 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

Total expenditures this event

Page Total \$ 2,400.00