31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Da	te_ 2/19/09
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Name of Committee in Full	Prescribed by Secret				
PALEY FOR COLUMBUS					
Full Name of Contributor			Registration Number, if PAC		
Charles Bendig	I		M D Y Amount		
Street Address 4937 W. Broad Street		ation/Labor Organization*	0 2 1 9 0 9 \$50.00		
City Columbus	Stal te OH	Zip Code 43228	Form (Cash, Check, etc.) Ck		
Full Name of Contributor			Registration Number, if PAC		
Michael David Brown Jr.					
Greet Address 618 Mowhawk Street	Employer/Occup	ation/Labor Organization*	0 2 1 9 0 9 \$50.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43206	ck		
Full Name of Contributor Scott Campbell	Registration Number, if PAC				
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount		
2472 Haviland Rd.	Zimpioyen 666up	ation buoof Organization	0 2 1 9 0 9 \$100.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43220	ck		
Full Name of Contributor	Registration Number, if PAC				
John Connor			M D Y Amount		
Street Address 436 W. 5th Ave.	Employer/Occup	oation/Labor Organization*	0 2 1 9 0 9 \$150.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	ОН	43201	ck		
Full Name of Contributor Robert Crosby			Registration Number, if PAC		
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount		
1520 Thurell Rd.			0 2 1 9 0 9 \$50.00		
City Columbus	Stal te OH	Zip Code 43229	Form (Cash, Check, etc.) ck		
Full Name of Contributor Mark Froehlich			Registration Number, if PAC		
Street Address 95 Northwoods Blvd.	Employer/Occup	pation/Labor Organization*	0 2 1 9 0 9 Amount \$150.00		
City Columbus	Stalte OH	Zip Code 43235	Form (Cash, Check, etc.) ck		
Full Name of Contributor Elizabeth Ann Holman	Registration Number, if PAC				
Street Address 2526 Timberside Dr.	Employer/Occup	pation/Labor Organization*	M D Y Amount 0 2 1 9 0 9 \$100.00		
City	Stal te OH	Zip Code 43235	Form (Cash, Check, etc.)		
Street Address 1520 Thurell Rd. City Columbus Full Name of Contributor Mark Froehlich Street Address 95 Northwoods Blvd. City	Stal te OH Employer/Occup	43229 pation/Labor Organization*	0 2 1 9 0 9 \$50.00 Form (Cash, Check, etc.) ck Registration Number, if PAC 0 2 1 9 0 9 \$150.00 Form (Cash, Check, etc.)		
	OH	43235			
Columbus	ОН	43235	ck		
Required for contributions from individuals over the individual's business, if any, rather than employ labor organization of which the employees are mer	\$100 to statewide and General A ver should be listed. If two or mo- nbers, if any, must also appear. []	re employees contribute via pa	utor is self-employed, the occupation and the name yroll deduction and exceed the aggregate of \$100,		
Fill in the boxes below only on the last page for this fransfer the Total contributions for this event to form the date column	event. n No. 31-A. Under Full Name of	Contributor state "Contribution	ons from form No. 31-E" and list the date of the even		
Total contributions this event	contributions this event Total expenditures this event.				
1					
		Territoria de la companya de la comp	J \$650.0		
		<u> </u>	Page Total \$		