

Event Date	6-24-09 #####
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Paley for Columbus									
To Whom Paid See In-Kind Contributions						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code	Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	0.00
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