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

Event Date 10/8/09	
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Name of Committee in Full			
Paley for Columbus			
Full Name of Contributor			Registration Number, if PAC
Michael Sexton			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
984 Highland St.			1 0 0 8 0 9 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43201	check
Full Name of Contributor			Registration Number, if PAC
Timothy Shear			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
201 Melbourne Pl.			1 0 0 8 0 9 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Worthington	ОН	43085	check
Full Name of Contributor			Registration Number, if PAC
Marc & Susan Silbiger			M 75 77
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
470 Club Dr.	6.1.	Tin Codo	1 0 0 8 0 9 \$25.00
City	Sta te OH	Zip Code 44202	Form (Cash, Check, etc.)
Aurora		77404	Registration Number, if PAC
Full Name of Contributor			registration runitoti, il IAC
Douglas Smith Street Address	r	tion/Labor Ore	M D Y Amount
Street Address 1163 Eastfield Rd.	Employer/Occups	ation/Labor Organization*	1 0 0 8 0 9 \$28.32
	Sta te	Zip Code	Form (Cash, Check, etc.)
City Worthington	OH	43085	check
Full Name of Contributor		1 .000	Registration Number, if PAC
Margaret & Robert Snow			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount 1 0 0 8 0 9 \$150.00
1379 Wyandotte Rd.			
City	Stal te	Zip Code	Form (Cash, Check, etc.) check
Columbus	OH	43212	
Full Name of Contributor Benjamin Weiner			Registration Number, if PAC
Street Address 381 1/2 West Third	Employer/Occupa	ation/Labor Organization*	M D Y Amount 1 0 0 8 0 9 \$50.00
	Sta te	Zip Code	Form (Cash, Check, etc.)
City Columbus	OH	43201	check
Full Name of Contributor Denny White			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
80 Williams Rd			1 0 0 8 0 9 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43207	cash
* Required for contributions from individuals over \$100 to state	wide and General As	sembly candidates. If contribu	utor is self-employed, the occupation and the name of

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

otal contributions this event	Total expenditures this event.	
\$0.00	\$0.00 Page Total \$ \$5:	53.32

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)]