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 Date	5/14/09
Page 6	

Name of Committee in Full					
Paley for Columbus					
Full Name of Contributor				Registration Number, if PAC	
Zachary Scott					
Street Address		on/Labor Organization*		nount	
7784 Rosles	FC ShER	<u>iff - 5/16Riff</u> Zip Code		\$50.00	
City	1		Form (Cash, Check, etc.)		
Worthington	OH	43235	check		
Full Name of Contributor			Registration Number, if PAC		
Michael Sexton			M D Y A		
Street Address	Employer/Occupation	Employer/Occupation/Labor Organization* City of Cols - Comm 1950 N Stal te Zip Code		nount	
964 Highland St.	City of C	ols-comm		\$50.00	
City	OH	Zip Code 43201	Form (Cash, Check, etc.)		
Columbus	l Un	43201	Registration Number, if PAC		
Full Name of Contributor Christopher Shea			ELEGIONALION PULITOCI, II PAC		
Street Address	[r. 1(C		M D Y A	mount	
Street Address 270 Orchard Ln.		on/Labor Organization*		\$100.00	
City	SELF - Stal te	Zip Codé	Form (Cash, Check, etc.)	ų	
Columbus	OH	43214	check		
Full Name of Contributor			Registration Number, if PAC		
Michael L. Silberstein					
Street Address	Employer/Occupation	on/Labor Organization*		mount	
1088 Fountain Ln. Apt F	NORTHINE	STERIU MATUAL Zip Code	0 5 1 4 0 9	\$50.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	2	
Columbus	ОН	43213	check		
Full Name of Contributor		Registration Num		*	
Suzanne Stasiewcz					
Street Address	Employer/Occupati	on/Labor Organization*		mount \$100.00	
64 Granville St.	SELF - A	ttty	0 5 1 4 0 9	ψ100.00	
City	Stalte OH	Zip Cøde 43230	Form (Cash, Check, etc.) Check		
Columbus	UH	149Z3V			
Full Name of Contributor Anne Taylor			Registration Number, if PAG	3	
Street Address 1375 Camelot Dr.	Employer/Occupati	on/Labor Organization*	M 5 1 4 0 9	mount \$50.00	
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43220	check		
Full Name of Contributor Lance Thompson	and the second s		Registration Number, if PA		
Street Address	Employer/Occupati	on/Labor Organization*		Amount	
800 E. Broad St.	DANAXPA	RISER-Hect. Mg	0 5 1 4 0 9	\$100.00	
City					
Columbus	OH	43205	check		
* Required for contributions from individuals over \$10	00 to statewide and General Asso	embly candidates. If contributor i	s self-employed, the occup	ation 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

Total contributions this event	Total expenditures this event.		
\$0.00	\$0.00	Page Total \$	\$500.00

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)]