Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full PALEY FOR COLUMBUS					
Full Name of Contributor Columbus Apartment Association PAC			Registration Number, if PAC 6 H 1 H 6		
Street Address 1225 Dublin Road	Employer/Occupation/Labor Organization*		Secretary and the secretary an	Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	1 0 1 6 0	8	
Full Name of Contributor GSP Ohio PAC			Registration Number, if PAC OH 1301		
Street Address 511 Union Street	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Nashville	State TN	Zip Code 37219		Amount 9 \$500.00	
Full Name of Contributor Law Office of Jay Perez, LLC	Registration Number, if PAC				
Street Address 6797 N. High Street	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington	State OH	Zip Code 43085	$\begin{bmatrix} \mathbf{M} \\ 1 \end{bmatrix} 0 \begin{bmatrix} \mathbf{D} \\ 2 \end{bmatrix} 0 \begin{bmatrix} \mathbf{Y} \\ 0 \end{bmatrix}$	8	
Full Name of Contributor JP Morgan Chase & Co. PAC			Registration Number, COO/283	5/2	
Street Address 10 S. Dearborn Street		upation/Labor Organization*		Form (Cash, Check, etc.) check	
City Chicago	Stațe	Zip Code 60603		9 \$1,000.00	
Full Name of Contributor			Registration Number,	if PAC	
Street Address	Employer/Occ	upation/Labor Organization*	Encourage or an annual contract of the contrac	Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor	Registration Number,	Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor	Registration Number,	if PAC			
Street Address	Employer/Occ	cupation/Labor Organization*	Research and the second and the seco	Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D	Amount	
Full Name of Contributor			Registration Number,	if PAC	
Street Address	Employer/Occ	cupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D	Amount	

Page Total \$2,100.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]