

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Paley for Columbus							
Full Name of Contributor United Steelworkerrs District 1 PCE						Registration Number, if PAC	
Street Address 777 Dearborn Park Ln Ste. J			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Worthington		State OH	Zip Code 43085	M 0	D 5	Y 1 1 0 9	Amount \$100.00
Full Name of Contributor Howard Heard						Registration Number, if PAC	
Street Address 1732 Cole Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Columbus		State OH	Zip Code 43205	M 1	D 0	Y 1 0 0 9	Amount \$50.00
Full Name of Contributor John & Kristine Salo						Registration Number, if PAC	
Street Address 291 Marlborough St. Apt 2			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Boston		State MA	Zip Code 02116	M 1	D 0	Y 0 9 0 9	Amount \$500.00
Full Name of Contributor United Health Group Political Fund						Registration Number, if PAC	
Street Address P>O> Box 64854			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City St. Paul		State MI	Zip Code	M 1	D 0	Y 0 7 0 9	Amount \$1,000.00
Full Name of Contributor Frank Watson						Registration Number, if PAC	
Street Address 1469 Picard Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Columbus		State OH	Zip Code 43227	M 1	D 0	Y 0 2 0 9	Amount \$25.00
Full Name of Contributor Nancy Wonell						Registration Number, if PAC	
Street Address 330 S. High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 0 8 0 9	Amount \$50.00
Full Name of Contributor						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/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount

* 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)]

Page Total \$1,725.00