

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Paley for Columbus									
To Whom Paid Giant Eagle						M	D	Y	Amount
						0	9	1	0
						0	9		\$114.05
Address 6867 E. Broad Street				Purpose Food for FR					
City Reynoldsburg				Sta te OH	Zip Code 43068	Check Number 549			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						Sta te	Zip Code	Check Number	
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						Sta te	Zip Code	Check Number	
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						Sta te	Zip Code	Check Number	
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						Sta te	Zip Code	Check Number	
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						Sta te	Zip Code	Check Number	
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						Sta te	Zip Code	Check Number	
						OH			

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.

\$114.05
Page Total \$