Event Date	9/10/09
Page 1	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

					was a substitution of the	
Name of Committee in Full Paley for Columbus		,				
To Whom Paid Giant Eagle		м 0 9	D 1 0	ү 0 9	Amount \$114.05	
	Purpose		0 3	1. 0	ال ع	W117.00
Address 6867 E. Broad Street	Food for FR					
City	State Zip Code		Check Number			
Reynoldsburg	ОН	43068	549			
To Whom Paid			М	D	Y	Amount
Address	Purpose					A
City	Sta te	State Zip Code				
	ОН				1	
To Whom Paid			М	D	Y	Amount
Address	Purpose	Purpose				
City	Sta te OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose			.1		<u> </u>
City	Sta te OH	Zip Code	Check Number			
To Whom Paid			М	D	Y	Amount
Address			•			
City	Sta te OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State Zip Code OH		Check Number			
To Whom Paid			М	D	Y	Amount
Address	Purpose					
City	Sta te OH	Zip Code	Check 1	Vumber		off (1)

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 \$