Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	5/14/09
Page	

Name of Committee in Full			
Paley for Columbus			
Full Name of Contributor			Registration Number, if PAC
Ariana Adams - Jan Richards			
Street Address	Employes/Occupation/	Labor Organization*	M D Y Amount
5146 Dry Creek Dr.	SELF -	<u>LONSUL</u> + ip Code	0 5 1 4 0 9 \$50.00
City	State Z	ip Code	Form (Cash, Check, etc.)
Dublin	OH	43016	check
Full Name of Contributor	Registration Number, if PAC		
Robert Bannerman			
Street Address	Employer/Occupation/	Labor Organization*	M D Y Amount
900 E Sycamore St.	SELF - A	<i>ttv</i>	0 5 1 4 0 9 \$30.00
City	State Z	ip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor	Registration Number, if PAC		
John Bates			
Street Address	Employer/Occupation/	Labor Organization*	M D Y Amount
495 S. High St. Ste 400	5 E L f - State Z	Attu	0 5 1 4 0 9 \$50.00
City	1		Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor	Registration Number, if PAC		
Laurel Beatty			
Street Address	Employer/Occupation/		M D Y Amount
268 E. Gates St.	BEATTY & State Z	4550C ATTY	0 5 1 4 0 9 \$50.00
City			Form (Cash, Check, etc.)
Columbus	OH	43206	CASH
Full Name of Contributor	Registration Number, if PAC		
Sally W. Bloonfield			
Street Address	Employer/Occupation		M D Y Amount 0 5 1 4 0 9 \$150.00
3741 Romnay Rd.	BRICKERY	LECKLER-ATK	
City		ip Code // 43220	Form (Cash, Check, etc.)
Columbus		4JZZU	
Full Name of Contributor Angela Albert Brown	Registration Number, if PAC		
Street Address	Employer/Occupation	/Labor Organization®	M D Y Amount
536 S. High St.	<u>SELF</u> - State 2	Attv	0 5 1 4 0 9 \$100.00
City			Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Paula Brown	Registration Number, if PAC		
Street Address	Employer/Occupation	/Labor Organization*	M D Y Amount
4634 Kingston Ct.	KAAVita-	Dortch -Atty	0 5 1 4 0 9 \$100.00
City	Sta te 2		Form (Cash, Check, etc.)
Columbus	OH	43220	check
Required for contributions from individuals over \$	100 to statewide and General Assem	bly candidates. If contributor	is self-employed, the occupation and the name

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 No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$530.00 Page Total \$

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)]