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 Contributions from form No.31-E - Fund Raiser - 2-19-2009			Registrati	Registration Number, if PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	0 2	D 1 9	ү 0 9	Amount \$1,750.00	
Full Name of Contributor Contributions from form No. 31-E - Fund Raiser - 5-14-2009				Registration Number, if PAC			
Street Address	Employer/Occu	Empleyer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	0 ^M 5	D 1 4	у 0 9	Amount \$3,315.00	
Full Name of Contributor Contributions from form No. 31-E - Fund Raiser - 6-24-2009					ber, if PA	AC .	
Street Address	Employer/Occu	Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	м 0 6	D 2 4	o 9	Amount \$1,300.00	
Full Name of Contributor Contributions from form No. 31-E - Fund Raiser - 7-23-2009				ion Num	ber, if PA	NC .	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	0 7	D 2 3	Y 0 9	Amount \$1,605.00	
Full Name of Contributor Contributions from form No. 31-E - Fund	Raiser - 9-10-	2009	Registra	tion Nun	iber, if P/	AC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	0 ^M 9	1 D	0 9	Amount \$1,090.00	
Full Name of Contributor Contributions from form No. 31-E - Fund Raiser - 10-8-2009					ber, if P	AC	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	1 0	D 0 8	р ^ү	Amount \$2,518.32	
Full Name of Contributor Registration Number, if					nber, if P	AC	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	М	D	Ÿ	Amount	
Full Name of Contributor Registration Number, if					nber, if P	ÅC	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	М	D	Y	Amount	

Page Total \$11,578.32

^{*} 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)]