

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full PALEY FOR COLUMBUS							
Full Name of Contributor I.B.E.W. - C.O.P.E						Registration Number, if PAC	
Street Address 900 Seventh Street N.W.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Washington	State D.C.	Zip Code 20001	M 1	D 1	Y 0 5 0 9	Amount \$2,000.00	
Full Name of Contributor James A. Kovacs						Registration Number, if PAC	
Street Address 7855 Wooden Shoe Cir.			Employer/Occupation/Labor Organization* STRUCTURE POINT - SALES			Form (Cash, Check, etc.) ck	
City Avon	State IN	Zip Code 46123	M 1	D 1	Y 1 5 0 9	Amount \$500.00	
Full Name of Contributor Martha Oconnor						Registration Number, if PAC	
Street Address P.O. Box 441159			Employer/Occupation/Labor Organization* STRUCTURE Point - SALES			Form (Cash, Check, etc.) ck	
City Indianapolis	State IN	Zip Code 46244	M 1	D 1	Y 2 0 0 9	Amount \$500.00	
Full Name of Contributor Marilyn S. Jenkins						Registration Number, if PAC	
Street Address 4099 Loughmoor Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Dublin	State OH	Zip Code 43016	M 1	D 1	Y 1 0 0 9	Amount \$25.00	
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	
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 **\$3,025.00**