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

Event Date_	5/14/09
Page	

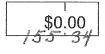
N'm''			
Name of Committee in Full Paley for Columbus			
Full Name of Contributor			Registration Number, if PAC
Ariana Adams - Jan Richards			
Street Address 5146 Dry Creek Dr.	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 1 4 0 9 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	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.			0 5 1 4 0 9 \$30.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor John Bates	Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
495 S. High St. Ste 400			0 5 1 4 0 9 \$50.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Laurel Beatty			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
268 E. Gates St.			0 5 1 4 0 9 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH 43206		CASH
Full Name of Contributor Sally W. Bloonfield			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
3741 Romnay Rd.			0 5 1 4 0 9 \$150.00
City Columbus	Stal te OH	Zip Code 43220	Form (Cash, Check, etc.) check
Full Name of Contributor			Registration Number, if PAC
Angela Albert Brown			, , , , , , , , , , , , , , , , , , , ,
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
536 S. High St.		•	0 5 1 4 0 9 \$100.00
City	Stal te	Zip Code	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.		Q	0 5 1 4 0 9 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	check
* Required for contributions from individuals over \$	100 to statewide and General As	sembly candidates. If contrib	utor is self-employed, the occupation and the name of

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 form 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)]