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

Event Date	7/23/09	
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Name of Committee in Full Paley for Columbus			
Full Name of Contributor	Registration Number, if PAC		
Patrick Copeland			5
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1162 E. Broad St. Apt. F1			0 7 2 3 0 9 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43205	check
Full Name of Contributor	Registration Number, if PAC		
James Daley			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
4300 Dublin Rd.			0 7 2 3 0 9 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor Michael & Robert Daniels			Registration Number, if PAC
Michael & Robert Daniels			Ad 73 27 8 .
Street Address 376 Binns Blvd	Employer/Occupa	ation/Labor Organization*	M D Y Amount
	62-12-	Zin Codo	0 7 2 3 0 9 \$20.00
City Columbus	Stal te OH	Zip Code 43204	Form (Cash, Check, etc.) check
Full Name of Contributor	Į VII	'0507	Registration Number, if PAC
Carole DePaola			Augustum Tumiton, II IIIO
Street Address	Employee/Occord	ation/Labor Organization*	M D Y Amount
4944 Buck Thorn Ln.	Employer/Occup	attom Labor Organization*	0 7 2 3 0 9 \$50.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
columbus	OH	43220	check
Full Name of Contributor	1 011 1 10120		Registration Number, if PAC
Bernard Floetker			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1295 S. High St.			0 7 2 3 0 9 \$50.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor Melissia Fuhman		Abor ena corea participado de casalidad de c	Registration Number, if PAC
Street Address 1129 Afton Rd.	Employer/Occup	ation/Labor Organization*	0 7 2 3 0 9 Amount \$25.00
City Columbus	Stal te OH	Zip Code 43221	Form (Cash, Check, etc.) check
Full Name of Contributor Russell Goodwin	Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
103 E. First Ave			0 7 2 3 0 9 \$50.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43201	check
* Required for contributions from individuals over \$1	00 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.
\$0.00	\$0.00 Page Total \$ \$295.00

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)]