3	and a	-F	
Ŕ	c	3517	10

Event	Date	9/10/09
Page	*****	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Paley for Columbus				
To Whom Paid			M D Y	Amount
Giant Eagle			0 9 1 0 0 9	\$114.05
Address	Purpose			
6867 E. Broad Street	Food for FR			
City	Sta te	Zip Code	Check Number	
Reynoldsburg	ОН	43068	549	
To Whom Paid			M D Y	Amount
Giant Eagle			0 9 1 0 0 9	\$121.95
Address	Purpose			
6867 E. Broad Street	Paper Goods - Supplies			
City	State	Zip Code	Check Number	
Reynoldsburg	OH	43068	1413	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid	VII		 M	Amount
10 WHOM FAIG			IVI D Y	Amodilt
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		demonstration and the second and the	F
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid			M D Y	Amount
Address	Purpose		<u> </u>	201
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid			M D Y	Amount
Address	Purpose		akuuruunninna maakamaaninna voiha eeree ii eeree	#
City	State	Zip Code	Check Number	
	ОН			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$236.00
Page Total \$