

Event Date	7-23-2009 #####
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Paley for Columbus									
To Whom Paid Giant Eagle						M 0 7	D 1 7	Y 0 9	Amount 123.98
Address 6867 E. Broad Street			Purpose Supplies - Food - Drink						
City Reynoldsburg			State O H	Zip Code 43068		Check Number Visa			
To Whom Paid See In-Kind Contributions						M 	D 	Y 	Amount
Address			Purpose						
City			State 	Zip Code		Check Number			
To Whom Paid						M 	D 	Y 	Amount
Address			Purpose						
City			State 	Zip Code		Check Number			
To Whom Paid						M 	D 	Y 	Amount
Address			Purpose						
City			State 	Zip Code		Check Number			
To Whom Paid						M 	D 	Y 	Amount
Address			Purpose						
City			State 	Zip Code		Check Number			
To Whom Paid						M 	D 	Y 	Amount
Address			Purpose						
City			State 	Zip Code		Check Number			
To Whom Paid						M 	D 	Y 	Amount
Address			Purpose						
City			State 	Zip Code		Check Number			

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.

Page Total \$	123.98
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