Statement of Contributions Received

Page 1

Prescribed by Secretary of State 03/05

Name of Committee in Full						
PALEY FOR COLUMBUS						
Full Name of Contributor Registration Number, if PAC I.B.E.W C.O.P.E						
Street Address	Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
900 Seventh Street N.W.	State	Zip Code	M	D	Y	Ck Amount
City Washington	D.C.	20001		1	0 9	\$2,000.00
Full Name of Contributor Registration Number, if PAC James A. Kovacs						C
Street Address	In 1 10	(T. 1. O	L			Form (Cash, Check, etc.)
7855 Wooden Shoe Cir.	Employer/Occupati	on/Labor Organization*				ck
City	State	Zip Code 46123	M	D 1 5	У 0 9	Amount \$500.00
Avon Full Name of Contributor	IIIA	40120				
Full Name of Contributor Registration Number, if P Martha Oconnor					ioci, n f	
Street Address P.O. Box 441159	Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.) ck
City Indianapolis	State IN	Zip Code 46244	M 1 1	2 O	0 9	Amount \$500.00
Full Name of Contributor Morily of Standing			Registra	tion Nun	ber, if PA	AC
Marilyn S. Jenkins Street Address	Employer/Occupati	on/Labor Organization*		onnika firska odkazila	300000000000000000000000000000000000000	Form (Cash, Check, etc.)
4099 Loughmoor Dr.	Employer/Occupati	on Lavor Organization				ck
City Dublin	State OH	Zip Code 43016	1 1	D 1 0	9 9	Amount \$25.00
Full Name of Contributor			Registra	tion Nun	ber, if P	/C
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 P.						AC.
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
	Lampioy on Goodpic	TOTAL DISCONSISSION				o victoria de la companio del companio de la companio del companio de la companio della companio de la companio della companio
City	State OH	Zip Code	М	D:	Y	Amount
Full Name of Contributor			Registra	ition Nun	nber, if P	AC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		72: 0	1 ,	T 75	7	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if P.					AC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount

Page Total \$3,025.00

^{*} 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)]