

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 Eileen Paley				M 0 5	D 0 8	Y 0 9	Amount 155.34
Address 668 Bellamy Place		Purpose Re-imbursement - Postage					
City Columbus		State O H	Zip Code 43213	Check Number 597			
To Whom Paid See In-Kind Contribution				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.