31-E R.C. 3517.10(B)

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

Event Date	9/10/09
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Name of Committee in Full Paley for Columbus						
Full Name of Contributor	Registration Number, if PAC					
Robert & Audrey Robertson						
Street Address 3900 Klondike Rd.	Employer/Occupat	ion/Labor Organization*	0 9 1 0 0 9 \$100.00			
City Delaware	State OH	Žip Code 43015	Form (Cash, Check, etc.) check			
Full Name of Contributor			Registration Number, if PAC			
Don Ruben						
Street Address 1000 Urlin Ave.	Employer/Occupa	tion/Labor Organization*	0 9 1 0 0 9 \$20.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43212	check			
Full Name of Contributor Registration Number, if PAC Fran & Dick Ryan						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
1452 Ironwood Dr.	RETIR		0 9 1 0 0 9 \$40.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43229	check			
Full Name of Contributor			Registration Number, if PAC			
Charles Santer						
Street Address 373 W. Hubbard Ave.	Employer/Occupa	tion/Labor Organization*	0 9 1 0 0 9 \$20.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43215	check			
Full Name of Contributor Roberta & Steven Shkolnik						
Street Address 348 Walnut Cliffs Dr.	Employer/Occupa	tion/Labor Organization*	0 9 1 0 0 9 \$20.00			
City Columbus	Stal te OH	Zip Code 43213	Form (Cash, Check, etc.) check			
Full Name of Contributor Marlene Wirth Registration Number, if PAC						
Street Address 1029 Northfield Pl. N.	Employer/Occupa	ation/Labor Organization*	0 9 1 0 0 9 Amount \$20.00			
City Reynoldsburg	Stal te OH	Zip Code 43068	Form (Cash, Check, etc.) cash			
Full Name of Contributor Caren Zaft			Registration Number, if PAC			
Street Address 5857 Satinwood Dr.	Employer/Occupa	ation/Labor Organization*	0 9 1 0 0 9 Amount \$20.00			
City Columbus	Stal te OH	Zip Code 43229	Form (Cash, Check, etc.) check			

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 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 \$	\$240.00

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]