## Statement of Contributions Received at a Social or Fund-Raising Event

Event Date	6/15/10	
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Prescribed by Secretary of State 03/05

Name of Committee in Full			
Name of Committee in Full PALEY FOR COLUMBUS			
Full Name of Contributor			Registration Number, if PAC
Nationwide Better Citizens Fund PAC			
Street Address		ion/Labor Organization*	M D Y Amount
one Nationwide Plaza	Nationw		0 6 2 1 1 0 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	500.00
Full Name of Contributor Michael A. Welch			Registration Number, if PAC
Street Address	I		Coc M D Y Amount
195 Sylvan Dr.	Employer/Occupat	ion/Labor Organization* A 5	0 6 1 5 1 0 \$250.00
City	Stalte	NgINECRING	Form (Cash, Check, etc.)
Delaware	OH	43015	ck
Full Name of Contributor			Registration Number, if PAC
Thomas E. Mosure			
Street Address		ion/Labor Organization*	M D Y Amount
4318 Tavistock Circle	M5 CON	Saltants Zip Code	0 6 1 5 1 0 \$250.00
City	l ·	E .	Form (Cash, Check, etc.)
Powell	OH	43065	ck
Full Name of Contributor			Registration Number, if PAC
Columbus Central Ohio Bld Trades Street Address			M D Y Amount
555 E, Rich Street	PAC	ion/Labor Organization*	0 6 1 5 1 0 \$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	CK
Full Name of Contributor			Registration Number, if PAC
Donald S. Kico			
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount
225 E North Broadway	retired		0 6 1 5 1 0 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH <sub>.</sub>	43214	
Full Name of Contributor Price Finley			Registration Number, if PAC
Street Address 2454 Kensington Ddr.	Employer/Occupa	ion/Labor Organization*	0 6 1 5 1 0 \$100.00
City Columbus	Stal te OH	Zip Code 43221	Form (Cash, Check, etc.)
Full Name of Contributor Thomas Jedlinsky			Registration Number, if PAC
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Atnount
825 Retreat Ln.	CAMPI	RESSER4MCA	FF 0 6 1 5 1 0 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Powell	OH	43065	ck
* Required for contributions from individuals over	\$100 to statewide and General Ass	embly candidates. If contribu	ntor is self-employed, the occupation and the name of

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 \$ \$1,550.00

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)]