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

Event	Date	10/8/09	
Lvent			
Page	5		
rage			

e of Committee in Full Paley for Columbus			
Name of Contributor	Registration Number, if PAC		
Name of Contributor Aichael Sexton			
eet Address	Employer/Occupation	on/Labor Organization*	M D Y Amount 1 0 0 8 0 9 \$100.00
984 Highland St.			1 0 0 0 0 0
y	Sta te	Zip Code	Form (Cash, Check, etc.)
, Columbus	OH	43201	check
ll Name of Contributor			Registration Number, if PAC
Timothy Shear			M D Y Amount
reet Address	Employer/Occupat	ion/Labor Organization*	"" " " " " " " " " "
201 Melbourne Pl.			1 0 0 8 0 9 \$100.00 Form (Cash, Check, etc.)
ty	Sta te	Zip Code	check
Worthington	OH	43085	Registration Number, if PAC
ull Name of Contributor			Acesistiation Nations, it is
Marc & Susan Silbiger			M D Y Amount
reet Address	Employer/Occupa	tion/Labor Organization*	1 0 0 8 0 9 \$25.00
470 Club Dr.		7:- 0:1:	Form (Cash, Check, etc.)
ity	Sta te	Zip Code	check
Aurora	OH	44202	Registration Number, if PAC
Full Name of Contributor			ACGINETICAL TOTAL
Douglas Smith			M D Y Amount
treet Address	Employer/Occupa	ation/Labor Organization*	1 0 0 8 0 9 \$28.32
1163 Eastfield Rd.		I/2: C.1:	Form (Cash, Check, etc.)
City	Sta te	Zip Code	check
Worthington	OH	43085	Registration Number, if PAC
Full Name of Contributor			ACG.
Margaret & Robert Snow			M D Y Amount
Street Address	Employer/Occupation/Labor Organization*		1 0 0 8 0 9 \$150.00
1379 Wyandotte Rd.	C. I	Zip Code	Form (Cash, Check, etc.)
City	Stal te OH	43212	check
Columbus	U		Registration Number, if PAC
Full Name of Contributor			
Benjamin Weiner	T	C. / - Las Organization*	M D Y Amount
Street Address	Employer/Occu	pation/Labor Organization*	1 0 0 8 0 9 \$50.00
381 1/2 West Third	Ctalta	Zip Code	Form (Cash, Check, etc.)
City	Stal te OH	43201	check
Columbus			Registration Number, if PAC
Full Name of Contributor			-
Denny White			M D Y Amount
Street Address	Employer/Occu	upation/Labor Organization*	1 0 0 8 0 9 \$100.00
80 Williams Rd	6-1	Zip Code	Form (Cash, Check, etc.)
City	Stal te OH		cash
* Required for contributions from individuals over \$100	I UII	43207	but a rolf amployed the occupation and the

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

in the date column		
	Total expenditures this event.	
Total contributions this event		
\$0.00	\$0.00	\$553.32
ΨΟ.ΘΟ		Page Total \$

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