

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Paley for Columbus									
Full Name of Contributor United Steelworkers District 1 PCE							Registration Number, if PAC		
Street Address 777 Dearborn Park Ln Ste. J				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Worthington		State OH		Zip Code 43085		M <input type="checkbox"/>		D <input type="checkbox"/>	
						Y <input type="checkbox"/>		Amount \$100.00	
Full Name of Contributor Howard Heard							Registration Number, if PAC		
Street Address 1732 Cole Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43205		M <input type="checkbox"/>		D <input type="checkbox"/>	
						Y <input type="checkbox"/>		Amount \$50.00	
Full Name of Contributor John & Kristine Salo							Registration Number, if PAC		
Street Address 291 Marlborough St. Apt 2				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Boston		State MA		Zip Code 02116		M <input type="checkbox"/>		D <input type="checkbox"/>	
						Y <input type="checkbox"/>		Amount \$500.00	
Full Name of Contributor United Health Group Political Fund							Registration Number, if PAC		
Street Address P.O.Box 64854				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City St. Paul		State MI		Zip Code		M <input type="checkbox"/>		D <input type="checkbox"/>	
						Y <input type="checkbox"/>		Amount \$1,000.00	
Full Name of Contributor Nationwide Better Citizenship FD							Registration Number, if PAC 04259		
Street Address One Nationwide Plaza 1-32-06				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43215		M <input type="checkbox"/>		D <input type="checkbox"/>	
						Y <input type="checkbox"/>		Amount \$500.00	
Full Name of Contributor Frank Watson							Registration Number, if PAC		
Street Address 1469 Picard Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43227		M <input type="checkbox"/>		D <input type="checkbox"/>	
						Y <input type="checkbox"/>		Amount \$25.00	
Full Name of Contributor Nancy Wonell							Registration Number, if PAC		
Street Address 330 S. High St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43215		M <input type="checkbox"/>		D <input type="checkbox"/>	
						Y <input type="checkbox"/>		Amount \$50.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	

* 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)]

Page Total **\$2,225.00**