Ohio Campaign Finance Report

FILLL

Prescribed by Secretary of State 3/05

15 JAN 30 PH 2: 32

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Full Name of Committee Paley for Columbus										BOARD OF ELECTIONS					
Full Name of Candidate					_	<u>.</u>	-			1.5 0,		≖e til	JNS.		
Eileen Paley															
Street Address 545 E Town St								Office Sought City Council			District Columbus				
City Columbus								-	Sta OH	ţe	Zip Co	4321	5		
Type of Report (place X to the left of report type)		Pre-Primary	Post-Primary		ry.	Pre-		Pre-General		Post-General		Annual Year			
		July Monthly	August Monthly				September Monthly	Termination			Semiannual				
Amended Report? • Yes	□ N•	Report Electronically F	iled?	Ū Yes Ū	Ī No	Date o	f Election		0 M	5	0	7	1	3	
For candidates only, during an el No other forms are required for									post-peri	ods at on	e election	n, check	box 🗆		
		· · · · · · · · · · · · · · · · · · ·		• 44	.7	Brog			\$9,67	3 65	7				
	l. An	1. Amount brought forward from last report								+	-				
	2. Total monetary contributions (From Form No. 31-A)						S		\$1,740	ļ ·	4				
	3. Total other income (From Form No. 31-A-2)						s		\$(0.00	4				
	4. Total funds available (sum of lines 1, 2, 3)						s	\$	11,41	3.65					
	5. Total monetary expenditures (From Form No. 31-B) 6. Balance on hand (line 4 minus line 5) 7. Value of in-kind contributions received (From Form No. 31-J-1) 8. Value of in-kind contributions made (From Form No. 31-J-2)						s		\$6,28	9.11					
							s		\$5,12	4.54					
							s			<u> </u>					
							s								
	9. Outstanding loans owed by committee (From Form No. 31-C)						s	_							
	10. Outstanding debts owed by committee (From Form No. 31-N)						s								
	11. Outstanding loans owed to committee (From Form No. 31-K)						s								
	12. Value of independent expenditures made (From Form No. 31-U)								_	-					
	13. [or Electronic Filing Er Sum of lines 2, 7, and a	ntities or mount o	ily fany new le	nans received th	sis perio	d. S			-					
THE INFORMATION CONT FALSIFICATION IS GUILT	Y OF A	IN THIS REPORT IS FELONY OF THE FI	MADE FTH DI	ights 11			C 10 X A	SIFICATIO	ON. WHO	EVER (
Mark A. McGinnis Print Name and Title (Treasurer and Deputy Treasurer only) Signature											U1/2	3/201			
Print Name and Title (Treasure	r and De	pmy (reasurer only)		วเราเรา	imt	, –	<u> </u>								
Contribution		Expendi	ture				Other	_				Total page:	0		