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	10/8/09	
Page 5		-

	Prescribed by Secretary	/ 01 State 03/03		
Name of Committee in Full				
Paley for Columbus			Registration Number, if PAC	
Full Name of Contributor Michael Sexion			Registration Number, it FAC	
Sireet Address	Employer/Occupation	an/Labor Organization* ~ CC.	M D Y Amount	
984 Highland St.	City of C	on/Labor Organization* offic 36-Comm. Kinl Zip Code	561 0 0 8 0 9 \$100.00 Form (Cash, Check, etc.)	
City Columbus	OH OH	43201	check	
Full Name of Contributor				
Timothy Shear				
Street Address	Employer/Occupati	ion/Labor Organization*	M D Y Amount	
201 Melbourne Pl.	PADITO	L PARTNERS-N	1 0 0 8 0 9 \$100.00	
City	Sta te	L PARTNERS-M	Form (Cash, Check, etc.)	
Worthington	OH	43085	check	
Pull Name of Contributor			Registration Number, if PAC	
Marc-& Susan Silbiger				
Street Address	Famalay and Opposite	ion/Labor Organization*	M D Y Amount	
470 Club Dr.			1 0 0 8 0 9 \$25.00	
	State	10 LO VE d	Form (Cash, Check, etc.)	
City	OH	44202	check	
Aurora			Registration Number, if PAC	
Full Name of Contributor			registration, values, 12 172	
Douglas Smith			M D Y Amount	
Street Address		tion/Labor Organization*	1 0 0 8 0 9 \$28.32	
1163 Eastfield Rd.	RETIR	Ed	Form (Cash, Check, etc.)	
City	Sta te	Zip Code		
Worthington	OH	43085	check	
Full Name of Contributor Margaret & Robert Snow			Registration Number, if PAC	
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount	
1379 Wyandotte Rd.	////	4 H T	1 0 0 8 0 9 \$150.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43212	check	
Full Name of Contributor			Registration Number, if PAC	
Benjamin Weiner				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
381 1/2 West Third	FRC	OUNTY	1 0 0 8 0 9 \$50.00	
City	Stal te	Zip Code /	Form (Cash, Check, etc.)	
Columbus	OH	43201	check	
Full Name of Contributor Denny White			Registration Number, if PAC	
			M D Y Amount	
Street Address		ation/Labor Organization*	1 0 0 8 0 9 \$100.00	
80 Williams Rd	RETIK		Form (Cash, Check, etc.)	
City	Sta te	Zip Code	cash	
Columbus	OH	17001		
* Required for contributions from individuals over \$100 to the individual's business, if any, rather than employer shoul labor organization of which the employees are members, if	ld be listed. If two or more	e employees contribute via pay	tor is self-employed, the occupation and the har rroll deduction and exceed the aggregate of \$10	
Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 3 in the date column	I-A. Under Full Name of 0	Contributor state "Contributio	ns from form No. 31-E" and list the date of the	
Total contributions this event Total expenditures this event.				
10th contributions this event			1	
\$0.00		\$0.00	\$55	

\$553.32

Page Total \$