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

Event Da	ate_5/14/09	Characteristics
Page		

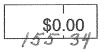
Name of Committee in Full Paley for Columbus						
Full Name of Contributor			Registration Number, if PAC			
Ariana Adams - Jan Richards	registration Number, it 1700					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
5146 Dry Creek Dr.	, , , , , , , , , , , , , , , , , , , ,		0 5 1 4 0 9 \$50.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Dublin	OH	43016	check			
Full Name of Contributor	Registration Number, if PAC					
Robert Bannerman						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
900 E Sycamore St.			0 5 1 4 0 9 \$30.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43206	check			
Full Name of Contributor John Bates	Registration Number, if PAC					
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount			
495 S. High St. Ste 400	Employer/Occupation/Labor Organization		0 5 1 4 0 9 \$50.00			
City	State Zip Code		Form (Cash, Check, etc.)			
Columbus	ОН	43215	check			
Full Name of Contributor	Registration Number, if PAC					
Laurel Beatty						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
268 E. Gates St.			0 5 1 4 0 9 \$50.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43206	CASH			
Full Name of Contributor Sally W. Bloonfield	Registration Number, if PAC					
Street Address 3741 Romnay Rd.	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 1 4 0 9 \$150.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	ОН	43220	check			
Full Name of Contributor Angela Albert Brown	Registration Number, if PAC					
Street Address 536 S. High St.	Employer/Occupation/Labor Organization*		0 5 1 4 0 9 \$100.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	ОН	43215	check			
Full Name of Contributor Paula Brown Registration Number, if PAC						
Street Address 4634 Kingston Ct.	Employer/Occupation/Labor Organization*		M D D Y Amount \$100.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	ОН	43220	check			
* Required for contributions from individuals over \$100 to statewic	le and General Ass	embly candidates. If contribut	tor is self-employed, the occupation and the name of			
The second se						

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 form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.



\$530.00 Page Total \$

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)]