31-F R.C. 3517.10

Event Date	6 <i>-24-05</i> #######
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full			
Paley for Columbus			
To Whom Paid			M D Y Amount
See In-Kind Contributions			
Address	Purpose		
City	State	Zip Code	Check Number
To Whom Paid			M D Y Amount
	T		
Address	Purpose		
C).	State	Zip Code	Check Number
City	State	Zip Code	Check Number
To Whom Paid			M D Y Amount
10 Whom I aid			
Address	Purpose		
City	State	Zip Code	Check Number
To Whom Paid			M D Y Amount
Address	Purpose		
City	State	Zip Code	Check Number
To Whom Paid			M D Y Amount
	In.		
Address	Purpose		
C:L.	State	Zip Code	Check Number
City	Julio	Z.p code	
To Whom Paid			M D Y Amount
10 Whom I ad			
Address	Purpose		
City	State	Zip Code	Check Number
To Whom Paid			M D Y Amount
Address	Purpose		
City	State	Zip Code	Check Number

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	0.00