Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Paley for Columbus					
Full Name of Contributor Robert & Valerie Freda		na uzunuk manakan palikulah kirak manakan mahiki kirak kirak menanan mahiki manakan kirak manakan kirak manaka	Registration Number, if F	AC	
Street Address 9824 Walkers Glen Dr. NW	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Concord	State NC	Zip Code 28027	0 6 0 6 0 9	Amount \$25.00	
Full Name of Contributor James & Doris Kelly			Registration Number, if F	AC	
Street Address 321 Hennessey Ave.	Employer/Occu	pation/Labor Organization*	-	Form (Cash, Check, etc.) check	
City Worthington	State OH	Zip Code 43085	0 6 2 9 0 9	Amount \$50.00	
ull Name of Contributor Deborah Klie			Registration Number, if PAC		
Street Address 2087 Inchcliff Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	$\begin{bmatrix} \mathbf{M} \\ 0 \end{bmatrix} 7 \begin{bmatrix} \mathbf{D} \\ 1 \end{bmatrix} 5 \begin{bmatrix} \mathbf{Y} \\ 0 \end{bmatrix} 9$	Amount \$100.00	
Full Name of Contributor Joseph Mas			Registration Number, if I	AC	
Street Address 330 S. High St.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	0 8 1 5 0 9	Amount \$50.00	
Full Name of Contributor Registration Number, if PAC Barbara A. McGrath					
Street Address 4410 May Apple Ct.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	$\begin{bmatrix} 0 & 3 & 2 & 7 & 0 \end{bmatrix} $	Amount \$150.00	
Full Name of Contributor Leonard Hubert				Registration Number, if PAC	
Street Address 3808 Columbus Rd.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Granville	State OH	Zip Code 43023	1 0 0 1 0 9	Amount \$100.00	
Full Name of Contributor			Registration Number, if l	PAC	
Street Address	Employer/Occupation/Labor Organization ⁴			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor Registration Number, if P				PAC	
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	

Page Total \$475.00

^{*} 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)]