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

Event	Date 9/10/09
Page	A

Name of Committee in Full			
Paley for Columbus			
Full Name of Contributor	Registration Number, if PAC		
Kate McSweeney-Pishotti			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
552 Acton Road			0 9 1 0 0 9 \$50.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214	check
Full Name of Contributor			Registration Number, if PAC
Peg Meckling			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
196 N. Chase		Ü	0 9 1 0 0 9 \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43204	cash
Full Name of Contributor			Registration Number, if PAC
Betsy Miller			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
360 E Beck St.			0 9 1 0 0 9 \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	cash
Full Name of Contributor			Registration Number, if PAC
Erick & Kathy Owens			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
2550 Tucker Trail			0 9 1 0 0 9 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Lewis Center	OH	43035	check
Full Name of Contributor Cheryl Pentella			Registration Number, if PAC
Street Address	4.4.3		
373 Hubbard Ave.	Employer/Occup	ation/Labor Organization*	0 9 1 0 0 9 Amount \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Randy Pfeiffer			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
360 E. Beck St.			0 9 1 0 0 9 \$20.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	cash
Full Name of Contributor Ruth Rankin	Registration Number, if PAC		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
2432 Wyncourtney Ct.		<u> </u>	0 9 1 0 0 9 \$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Powell	OH	43065	cash
* Required for contributions from individuals over \$1		cambly candidates. If contribu	tay is salf amployed the accuration and the

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.		
\$0.00	\$0.00	Page Total \$	\$200.00

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)]