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Statement of Contributions Received

Prescribed by Secretary of State 3/09

	Freschbed by	Secretary of State 3/05				
Name of Committee in Full						
Paley for Columbus						
Full Name of Contributor			Registr	ation Nu	mher, if P	DAC
Contributions from form 31-E	<u>.</u>			L.,	.,	AC
Street Address	Employer/Occ	cupation/Labor Organization	-			Form (Cash, Check, etc.)
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Full Name of Contributor			Registra	tion Nur	her if P	<u> </u>
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Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
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Full Name of Contributor			Decristrat	· · Nivoni	A CL S.	<u> </u>
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			Registratio	on Numb	er, if PA(
Street Address	Employer/Occup	1 # 1 O				
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Full Name of Contributor		<u></u>				
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treet Address	Employer/Occupa					
	Епіріоует/Оссира	Employer/Occupation/Labor Organization*			ŀ	Form (Cash, Check, etc.)
City	Carre					
	State	Zip Code	М	D	Y /	Amount
uired for contributions from individuals over \$100 to states				_	Ì	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 12,865.00