Event Date	7-23-2009
Page	2

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	. 1	Amount		
Blair Schueler Roasted Productions			0 7	2 0	0 9		600.00	
Address	Purpose			_				
338 Deshler Avenue	Fundraising Event							
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	JD					<u> </u>		
Address	Purpose				***************************************		***************************************	
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City	State	Zip Code	CHOCK I	Check Number				
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City	State	State Zip Code			Check Number			
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To Whom Paid			М	D	Y	Amount		
10 Minima								
Address	Purpose					<u> </u>		
r radios	r							
City	State	Zip Code	Check	Check Number				
	1							
		1		Discount of the last of the la				

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 \$ _____600.00