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

Event I	Date 10/8/09
Page 4	

DV			
Name of Committee in Full Paley for Columbus			
Fally Name of Contributor	viture alite unique variable la		Parietratian Number if DAC
Jerome Friedman			Registration Number, if PAC
Street Address 332 Cliffside Dr.	Employer/Occupation	on/Labor Organization*	M D Y Amount 1 0 0 8 0 9 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43202	check
Full Name of Contributor			Registration Number, if PAC
Friends for Ginther			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
98 Montrose Way			1 0 0 8 0 9 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43214	check
Full Name of Contributor Michael Gruber & Lana Baker			Registration Number, if PAC
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount
4045 Poste Ln.	Employen Occupan	_	1 0 0 8 0 9 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor			Registration Number, if PAC
Jeanine & Mark Hummer			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1795 Edgemont Rd.			1 0 0 8 0 9 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	check
Full Name of Contributor James Johnson			Registration Number, if PAC
Street Address 1084 Berkeley Rd.	Employer/Occupation	on/Labor Organization*	M 0 8 0 9 Amount \$25.00
City Columbus	Sta te OH	Zip Code 43206	Form (Cash, Check, etc.) check
Full Name of Contributor Bryan Johnson			Registration Number, if PAC
Street Address 1 E. Livingston Ave.	Employer/Occupation	on/Labor Organization*	1 0 0 8 0 9 Amount \$25.00
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) check
Full Name of Contributor Julie Keil	Account to the second s		Registration Number, if PAC
Street Address 50 E. Whittier St.	Employer/Occupation	on/Labor Organization*	M D Y Amount 1 0 0 8 0 9 \$25.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43206	check
* Required for contributions from individuals over \$100 to statewide	and General Asser	mbly candidates. If contributor is	self-employed, the occupation and the name of

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 \$	\$425.0	

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)]