The

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Paley for Columbus							
Full Name of Contributor			Registration Number, if PAC				
Robert & Valerie Freda							
Street Address	Employer/Occupati				Form (Cash, Check, etc.)		
9824 Walkers Glen Dr. NW		Ic' o. I.	1.52	7	1 50	check	
City Concord	State NC	Zip Code 28027	0 6	0 6	0 9	Amount \$25.00	
Full Name of Contributor Registration Number, if					ber, if P	AC	
James-& Doris Kelly							
Street Address	Employer/Occupati				Form (Cash, Check, etc.)		
321 Hennessey Ave.	<u>re</u>				check		
City	State OH	Zip Code 43085	0 6	2 9	0 9	Amount \$50.00	
Worthington	LOIL	140000				1	
Full Name of Contributor Deborah Klie				Registration Number, if PAC			
Street Address	Employer/Occupati	on/Labor Organization*	Louise	otennis de investig	umanioniumi L	Form (Cash, Check, etc.)	
2087 Inchcliff Rd.	City o	of Columbas,	770	تلكك	(d	check	
City	State \ OH	Zip Code 43221	0 7	D 1 5	0 9	Amount \$100.00	
Columbus	Un .	70221	1				
Full Name of Contributor			Registra	tion Nur	nber, if P	AC	
Joseph Mas Street Address	In 1 6		L		Paris de la company de la comp	Form (Cash, Check, etc.)	
330 S. High St.	1 7 🔨 1 7 .	ion/Labor Organization* ON SC +				check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	ОН	43215	0 8	1 5	b 9	\$50.00	
Full Name of Contributor			Registration Number, if PAC				
Barbara A. McGrath							
Street Address	Employer/Occupat				Form (Cash, Check, etc.)		
4410 May Apple Ct.	CHIO	f estumbes		ada		check	
City	State/ OH	Zip Code 43016	0 3	2 ^D 7	0 9	Amount \$150.00	
Dublin		40010					
Full Name of Contributor Leonard Hubert				Registration Number, if PAC			
Street Address	Employer/Occupat				Form (Cash, Check, etc.)		
3808 Columbus Rd.	SELF				check		
City	State	EMPLOYED Zip Code 43023	M	D 0 1	Y	Amount	
Granville	OH	43023	1 0		b 9	\$100.00	
Full Name of Contributor				ation Nu	mber, if I	AC.	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	OH				ļ		
Full Name of Contributor Registration Number, if					AC		
Chront Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Emproyet/Occupation/Labor Organization					, one on, one	
City	State	Zip Code	M	D	Y	Amount	
	OH					\$3.000 \$3.000 \$3.000	
	La como constante de la como constante de la 		enhammainean	enlessenine	animennian		

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)]