

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Paley for Columbus					
Full Name of Contributor Robert & Valerie Freda				Registration Number, if PAC	
Street Address 9824 Walkers Glen Dr. NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Concord	State NC	Zip Code 28027	M 0	D 6	Y 09
				Amount \$25.00	
Full Name of Contributor James & Doris Kelly				Registration Number, if PAC	
Street Address 321 Hennessey Ave.		Employer/Occupation/Labor Organization* <i>Retired</i>		Form (Cash, Check, etc.) check	
City Worthington	State OH	Zip Code 43085	M 0	D 6	Y 09
				Amount \$50.00	
Full Name of Contributor Deborah Klie				Registration Number, if PAC	
Street Address 2087 Inchcliff Rd.		Employer/Occupation/Labor Organization* <i>City of Columbus, Treasurer</i>		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	M 0	D 7	Y 09
				Amount \$100.00	
Full Name of Contributor Joseph Mas				Registration Number, if PAC	
Street Address 330 S. High St.		Employer/Occupation/Labor Organization* <i>Attorney, self</i>		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 09
				Amount \$50.00	
Full Name of Contributor Barbara A. McGrath				Registration Number, if PAC	
Street Address 4410 May Apple Ct.		Employer/Occupation/Labor Organization* <i>City of Columbus, Director</i>		Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	M 0	D 3	Y 09
				Amount \$150.00	
Full Name of Contributor Leonard Hubert				Registration Number, if PAC	
Street Address 3808 Columbus Rd.		Employer/Occupation/Labor Organization* <i>SELF EMPLOYED</i>		Form (Cash, Check, etc.) check	
City Granville	State OH	Zip Code 43023	M 1	D 0	Y 09
				Amount \$100.00	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y
				Amount	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y
				Amount	

* 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)]

Page Total **\$475.00**