31-E R.C. 3517.10(B)

## Statement of Contributions Received at a Social or Fund-Raising Event

Event	Date 5/14/09
Page	7

	Presented by Secretar	y of State 0.505		
ame of Committee in Full Paley for Columbus				
Pull Name of Contributor	Registration Number, if PAC			
Robert J. Weiler, Jr.				
treet Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount	
41 S High St. Ste 1010	WEILER	PROPERTIES-PA	ZS 0 5 1 4 0 9 \$50.00	
ity	Sta te	Zip Code 43215	Form (Cash, Check, etc.) check	
Columbus	OH	140210	Registration Number, if PAC	
ull Name of Contributor Richanne Zymkoski & Patriok Fleming			Registration Number, it 1770	
reet Address	Employar/Occupation	tion/Labor Organization*	M D Y Amount	
2128 Poplar St.	E.C. Muas	Zip Code	ty 0 5 1 4 0 9 \$150.00	
ity	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43207	check	
Full Name of Contributor			Registration Number, if PAC	
treet Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
ity	Stalte OH	Zip Code	Form (Cash, Check, etc.)	
full Name of Contributor	Registration Number, if PAC			
treet Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
**	Sta te	Zip Code	Form (Cash, Check, etc.)	
ity	OH	Larp Cour		
Full Name of Contributor	Registration Number, if PAC			
treet Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
		12.	To (Ca) Chalana	
Sity	Stal te OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	Registration Number, if PAC			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Required for contributions from individuals over the individual's business, if any, rather than emplo labor organization of which the employees are mo	over should be listed. If two or mor	e employees contribute via p	outor is self-employed, the occupation and the nan ayroll deduction and exceed the aggregate of \$100	
ill in the boxes below only on the last page for thi ransfer the Total contributions for this event to for a the date column	is event. rm No. 31-A. Under Full Name of	Contributor state "Contribut	ions from form No. 31-E" and list the date of the e	
otal contributions this event	Total expenditures this event.			
\$0.00		\$0.00	\$200	
		L	Page Total \$ \$200	