

# Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

09 DEC 11 AM 11:32

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>PALEY FOR COLUMBUS</b>		Registration Number, if PAC	
Full Name of Candidate <b>Eileen Paley</b>			
Street Address <b>668 Bellamy Place</b>		Office Sought <b>City Council</b>	District <b>Columbus</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43213</b>
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Post-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> Termination
Annual Year	Date of Election		Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <sup>M</sup> 1 0 <sup>D</sup> 3 0 <sup>Y</sup> 9	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$3,182.59
2. Total monetary contributions (From Form No. 31-A)	\$	\$3,025.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$6,207.59
5. Total monetary expenditures (From Form No. 31-B)	\$	\$3,015.62
6. Balance on hand (line 4 minus line 5)	\$	\$3,191.97
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$32,283.99
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Marlene A. Wirth

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

12/10/2009

Date

Contribution pages 1

Expenditure pages 2

Other pages 2

Total pages 5

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>PALEY FOR COLUMBUS</b>							
Full Name of Contributor <b>I.B.E.W. - C.O.P.E</b>						Registration Number, if PAC	
Street Address <b>900 Seventh Street N.W.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City <b>Washington</b>		State <b>D.C.</b>	Zip Code <b>20001</b>	M <b>1</b>	D <b>1</b>	Y <b>0509</b>	Amount <b>\$2,000.00</b>
Full Name of Contributor <b>James A. Kovacs</b>						Registration Number, if PAC	
Street Address <b>7855 Wooden Shoe Cir.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City <b>Avon</b>		State <b>IN</b>	Zip Code <b>46123</b>	M <b>1</b>	D <b>1</b>	Y <b>1509</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>Martha Oconnor</b>						Registration Number, if PAC	
Street Address <b>P.O. Box 441159</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City <b>Indianapolis</b>		State <b>IN</b>	Zip Code <b>46244</b>	M <b>1</b>	D <b>1</b>	Y <b>2009</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>Marilyn S. Jenkins</b>						Registration Number, if PAC	
Street Address <b>4099 Loughmoor Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43016</b>	M <b>1</b>	D <b>1</b>	Y <b>1009</b>	Amount <b>\$25.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>PALEY FOR COLUMBUS</b>							
To Whom Paid <b>Franklin County Democratic Party</b>				M	D	Y	Amount
				1	1	0 2 0 9	\$500.00
Address <b>271 E. State Street</b>		Purpose <b>Contribution</b>					
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>515</b>				
To Whom Paid <b>Eileen Paley</b>				M	D	Y	Amount
				1	1	0 5 0 9	\$92.19
Address <b>668 Bellamy Place</b>		Purpose <b>Re-imbusement - Dinner</b>					
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43213</b>	Check Number <b>517</b>				
To Whom Paid <b>Eileen Paley</b>				M	D	Y	Amount
				1	1	0 5 0 9	\$296.88
Address <b>668 Bellamy Place</b>		Purpose <b>2 Rooms - Southern Hotel</b>					
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43213</b>	Check Number <b>516</b>				
To Whom Paid <b>COTA - Justin Van Guilder</b>				M	D	Y	Amount
				1	1	0 8 0 9	\$50.00
Address <b>2501 WEST COTA DR.</b>		Purpose <b>Contribution</b>					
City <b>Bloomington</b>	State <b>OH IN</b>	Zip Code <b>47403</b>	Check Number <b>518</b>				
To Whom Paid <b>Ryan Halterman</b>				M	D	Y	Amount
				1	1	1 0 0 9	\$26.55
Address <b>340 E. Fulton Street</b>		Purpose <b>Re-imbusement - Jet-Ink</b>					
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>519</b>				
To Whom Paid <b>Angie Blevins</b>				M	D	Y	Amount
				1	1	1 8 0 9	\$50.00
Address <b>90 W. Broad Street</b>		Purpose <b>Office party</b>					
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>520</b>				
To Whom Paid <b>Franklin County Democratic Party</b>				M	D	Y	Amount
				1	1	2 0 0 9	\$2,000.00
Address <b>271 E. State Street</b>		Purpose <b>Contribution</b>					
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>521</b>				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State <b>OH</b>	Zip Code	Check Number				

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>PALEY FOR COLUMBUS</b>												
To Whom Paid <b>National City Bank</b>						M	D	Y	Amount			
						1	1	1	7	0	9	\$15.00
Address				Purpose <b>Photocopy Fee</b>								
City <b>Columbus</b>		State <b>OH</b>		Zip Code		Check Number Debit						
To Whom Paid <b>National City Bank</b>						M	D	Y	Amount			
									\$592.66			
Address				Purpose <b>VZ Wireless ARC ARC</b>								
City <b>Columbus</b>		State <b>OH</b>		Zip Code		Check Number Debit						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Paley for Columbus				
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
271 E. State St.		campaign director		1   1   0   2   0   9   766.66
City		State   Zip Code		Received at Fundraising Event?
Columbus		OH   43215		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
271 E. State St.		campaign staff		1   1   0   2   0   9   1,250.00
City		State   Zip Code		Received at Fundraising Event?
Columbus		OH   43215		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
271 E. State St.		advertising		1   1   1   1   0   9   73.33
City		State   Zip Code		Received at Fundraising Event?
Columbus		OH   43215		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
271 E. State St.		campaign staff		1   1   2   0   0   9   166.66
City		State   Zip Code		Received at Fundraising Event?
Columbus		OH   432125		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
271 E. State St.		campaign staff		1   1   2   0   0   9   250.00
City		State   Zip Code		Received at Fundraising Event?
Columbus		OH   43215		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
271 E. State St.		media		1   1   2   3   0   9   1,666.66
City		State   Zip Code		Received at Fundraising Event?
Columbus		OH   43215		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
271 E. State St.		media		1   1   2   4   0   9   2,155.34
City		State   Zip Code		Received at Fundraising Event?
Columbus		OH   43215		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State   Zip Code		Received at Fundraising Event?
				<input type="checkbox"/> YES <input type="checkbox"/> NO

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# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Paley for Columbus			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Ohio Democratic Party			
Street Address	Description of Item or Service	M	D Y Fair Market Value
340 East Fulton Street	Production Costs	1   0	2   7 0   9 13,942.11
City	State Zip Code	Received at Fundraising Event?	
Columbus	O   H 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Ohio Democratic Party			
Street Address	Description of Item or Service	M	D Y Fair Market Value
340 East Fulton Street	Postage	1   0	2   7 0   9 4,414.80
City	State Zip Code	Received at Fundraising Event?	
Columbus	O   H 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Ohio Democratic Party			
Street Address	Description of Item or Service	M	D Y Fair Market Value
340 East Fulton Street	Postage	1   0	2   7 0   9 1,135.50
City	State Zip Code	Received at Fundraising Event?	
Columbus	O   H 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Ohio Democratic Party			
Street Address	Description of Item or Service	M	D Y Fair Market Value
340 East Fulton Street	Postage	1   0	2   7 0   9 869.55
City	State Zip Code	Received at Fundraising Event?	
Columbus	O   H 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Ohio Democratic Party			
Street Address	Description of Item or Service	M	D Y Fair Market Value
340 East Fulton Street	Postage	1   0	2   8 0   9 1,717.48
City	State Zip Code	Received at Fundraising Event?	
Columbus	O   H 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Ohio Democratic Party			
Street Address	Description of Item or Service	M	D Y Fair Market Value
340 East Fulton Street	Postage	1   0	2   8 0   9 3,875.90
City	State Zip Code	Received at Fundraising Event?	
Columbus	O   H 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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[R.C. 3517.10(B)(4)]