

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

09 OCT 29 PM 1:29

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee PALEY FOR COUMBUS						Registration Number, if PAC									
Full Name of Candidate Eileen Paley															
Street Address 668 Bellamy Place						Office Sought City Council			District Columbus						
City Columbus						State OH		Zip Code 43213							
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"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year					
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual					
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election			1	M	1	D	0	3	0	Y	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	\$	\$11,059.67
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,100.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$13,159.67
5. Total monetary expenditures (From Form No. 31-B)	\$	\$6,300.71
6. Balance on hand (line 4 minus line 5)	\$	\$6,858.96
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
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 Deputy
Print Name and Title (Treasurer and Deputy Treasurer only)

Marlene A. Wirth
Signature

10-29-2009
Date

Contribution pages 1

Expenditure pages 1

Other pages _____

Total pages 2

Statement of Contributions Received

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Name of Committee in Full PALEY FOR COLUMBUS						
Full Name of Contributor Columbus Apartment Association PAC				Registration Number, if PAC OH146		
Street Address 1225 Dublin Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 16	Amount \$500.00
Full Name of Contributor GSP Ohio PAC				Registration Number, if PAC OH1301		
Street Address 511 Union Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Nashville	State TN	Zip Code 37219	M 1	D 0	Y 17	Amount \$500.00
Full Name of Contributor Law Office of Jay Perez, LLC				Registration Number, if PAC		
Street Address 6797 N. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington	State OH	Zip Code 43085	M 1	D 0	Y 20	Amount \$100.00
Full Name of Contributor JP Morgan Chase & Co. PAC				Registration Number, if PAC C00128512		
Street Address 10 S. Dearborn Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Chicago	State IL	Zip Code 60603	M 1	D 0	Y 20	Amount \$1,000.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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 OH	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)]

