

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Painter for Council							
Full Name of Contributor Greg Cottrell						Registration Number, if PAC	
Street Address 4814 Augustus Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliand		State OH	Zip Code 43026	M 03	D 11	Y 11	Amount 100
Full Name of Contributor Citizens for Stephanie Kunze						Registration Number, if PAC	
Street Address 5307 Franklin St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliand		State OH	Zip Code 43026	M 03	D 09	Y 11	Amount 100
Full Name of Contributor Bud Zappitelli						Registration Number, if PAC	
Street Address 7558 Schleppi Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany		State OH	Zip Code 43054	M 03	D 10	Y 11	Amount 100
Full Name of Contributor Carrie Stanley						Registration Number, if PAC	
Street Address 3488 Polloy Rd			Employer/Occupation/Labor Organization* Stanley Insurance			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221	M 03	D 10	Y 11	Amount 100
Full Name of Contributor Jeff Schmiesing						Registration Number, if PAC	
Street Address 6808 Royal Plume Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43014	M 03	D 08	Y 11	Amount 50
Full Name of Contributor Susan Thomas						Registration Number, if PAC	
Street Address 3560 Brown Park Dr. Spt L			Employer/Occupation/Labor Organization* Susan Thomas CPA, LTD			Form (Cash, Check, etc.) Check	
City Hilliand		State OH	Zip Code 43026	M 03	D 08	Y 11	Amount 50
Full Name of Contributor Jason Vandegriff						Registration Number, if PAC	
Street Address 1714 Northwest Blvd			Employer/Occupation/Labor Organization* Bethel Memorial Hospital			Form (Cash, Check, etc.) Cash	
City Columbus		State OH	Zip Code 43212	M 03	D 10	Y 11	Amount 20
Full Name of Contributor Committee for Ron O'Brien						Registration Number, if PAC	
Street Address 865 Mecon Alley			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43206	M 03	D 11	Y 11	Amount 100

* 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)]