

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Painter for Council					Registration Number, if PAC	
Full Name of Contributor James Siccaro					Registration Number, if PAC	
Street Address 1555 Lippen Chetsea Rd	Employer/Occupation/Labor Organization*		M 03	D 10	Y 11	Amount 100
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Gregory Gettrill					Registration Number, if PAC	
Street Address 4814 Augustus Ct	Employer/Occupation/Labor Organization*		M 03	D 11	Y 11	Amount 100
City Hilliand	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor Citizens Per Stephanie Kunze					Registration Number, if PAC	
Street Address 5307 Franklin St	Employer/Occupation/Labor Organization*		M 03	D 07	Y 11	Amount 100
City Hilliand	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor Brend Zappitelli					Registration Number, if PAC	
Street Address 7558 Schleppi Rd	Employer/Occupation/Labor Organization*		M 03	D 10	Y 11	Amount 100
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check			
Full Name of Contributor Curie Stanley					Registration Number, if PAC	
Street Address 3488 Polley Rd	Employer/Occupation/Labor Organization*		M 03	D 10	Y 11	Amount 100
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeff Schmiesing					Registration Number, if PAC	
Street Address 6808 Royal Plume Dr.	Employer/Occupation/Labor Organization*		M 03	D 08	Y 11	Amount 50
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check			
Full Name of Contributor Susan E. Thomas					Registration Number, if PAC	
Street Address 3560 Brown Park Dr. St. L	Employer/Occupation/Labor Organization*		M 03	D 08	Y 11	Amount 50
City Hilliand	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

1520	00
------	----

Total expenditures this event.

249.64

Page Total \$

600