

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Painter for Council</u>				
Full Name of Contributor <u>Greg Cottrill</u>			Registration Number, if PAC	
Street Address <u>4819 Augustus Ct</u>	Employer/Occupation/Labor Organization* <u>YMCA</u>		M <u>0</u> D <u>2</u> Y <u>11</u>	Amount <u>50</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Corrine Rice</u>			Registration Number, if PAC	
Street Address <u>3808 Westbrooke Dr.</u>	Employer/Occupation/Labor Organization* <u>True Performance Inc</u>		M <u>0</u> D <u>2</u> Y <u>11</u>	Amount <u>50</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Steve Donato</u>			Registration Number, if PAC	
Street Address <u>6287 Tallow Tree</u>	Employer/Occupation/Labor Organization* <u>Nationwide</u>		M <u>0</u> D <u>3</u> Y <u>11</u>	Amount <u>100</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>... Kuligowski</u>			Registration Number, if PAC	
Street Address <u>6223 Pollard Place Drive</u>	Employer/Occupation/Labor Organization*		M <u>0</u> D <u>2</u> Y <u>11</u>	Amount <u>40</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Marcy Aiello</u>			Registration Number, if PAC	
Street Address <u>6195 Annidia Ct</u>	Employer/Occupation/Labor Organization*		M <u>0</u> D <u>3</u> Y <u>11</u>	Amount <u>20</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Michael Centa</u>			Registration Number, if PAC	
Street Address <u>3758 Gibbstone Dr.</u>	Employer/Occupation/Labor Organization*		M <u>0</u> D <u>2</u> Y <u>11</u>	Amount <u>50</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43204</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Sandra Paruthers</u>			Registration Number, if PAC	
Street Address <u>5849 Plank Dr</u>	Employer/Occupation/Labor Organization*		M <u>0</u> D <u>3</u> Y <u>11</u>	Amount <u>40</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>	Form (Cash, Check, etc.) <u>Check</u>	

* 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

<u>1370</u>	<u>00</u>
-------------	-----------

Total expenditures this event.

<u>1</u>	
----------	--

Page Total \$

350