

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC	
Painter for Council					
Full Name of Contributor				Amount	
Greg Cottrill				50	
Street Address		Employer/Occupation/Labor Organization*		M D Y	
4819 Augustus Ct		YMCA		0 2 1 1 1	
City		State		Form (Cash, Check, etc.)	
Hilliard		OH		Check	
Full Name of Contributor				Registration Number, if PAC	
Corrine Rice					
Street Address		Employer/Occupation/Labor Organization*		M D Y	
3808 Westbrooke Dr		True Performance, Inc		0 2 1 1 1	
City		State		Form (Cash, Check, etc.)	
Hilliard		OH		Check	
Full Name of Contributor				Registration Number, if PAC	
Steve Donato					
Street Address		Employer/Occupation/Labor Organization*		M D Y	
6287 Tellow Tree		Nationwide		0 3 0 5 1 1	
City		State		Form (Cash, Check, etc.)	
Hilliard		OH		Check	
Full Name of Contributor				Registration Number, if PAC	
Kaliigowski					
Street Address		Employer/Occupation/Labor Organization*		M D Y	
6223 Pollard Place Drive				0 3 0 2 1 1	
City		State		Form (Cash, Check, etc.)	
Hilliard		OH		Check	
Full Name of Contributor				Registration Number, if PAC	
Marcy Aiello					
Street Address		Employer/Occupation/Labor Organization*		M D Y	
6195 Annidia Ct				0 3 0 1 1 1	
City		State		Form (Cash, Check, etc.)	
Hilliard		OH		Check	
Full Name of Contributor				Registration Number, if PAC	
Michael Centa					
Street Address		Employer/Occupation/Labor Organization*		M D Y	
3758 Gibbstone Dr.				0 2 0 1 1 1	
City		State		Form (Cash, Check, etc.)	
Columbus		OH		Check	
Full Name of Contributor				Registration Number, if PAC	
Sandra Parathers					
Street Address		Employer/Occupation/Labor Organization*		M D Y	
5849 Plank Dr				0 3 0 3 1 1	
City		State		Form (Cash, Check, etc.)	
Hilliard		OH		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

1370	00
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Total expenditures this event.

1.	
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Page Total \$

350