

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Painter for Council																	
From Whom Received Nathan Painter										Prior Amount 0		Amt. Incurred this Period 1,012.00					
Address 6188 Pollard Place Drive												Outstanding Balance 1,012.00					
City Hilliard		State OH		Zip Code 43026		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
031611		03		16		11		1,012.00									
Registration Number, if PAC										M		D		Y			
Employer/Occupation/Labor Organization*										M		D		Y			
Nathan D. Painter, LLC																	
From Whom Received										Prior Amount		Amt. Incurred this Period					
Address												Outstanding Balance					
City		State		Zip Code		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
Registration Number, if PAC										M		D		Y			
Employer/Occupation/Labor Organization*										M		D		Y			
From Whom Received										Prior Amount		Amt. Incurred this Period					
Address												Outstanding Balance					
City		State		Zip Code		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
Registration Number, if PAC										M		D		Y			
Employer/Occupation/Labor Organization*										M		D		Y			

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ 0

² Total received this period \$ 1,012.00 (To Form No. 31-A-2)

³ Total payments this period \$ 0 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ 1,012.00 (To Form No. 30-A)