

FOR PAPER FILING ONLY

In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

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| Name of Committee in Full Painter for Council | | | |
| Full Name of Contributor Brett Sciotto | Employer, Occupation, Labor Organization* Governing Dynamic | Registration Number, if PAC | |
| Street Address 3701 Boathouse Drive | Description of Item or Service Automated Telephone Calls | M D Y 0 4 2 7 1 1 | Fair Market Value \$162.00 |
| City Hilliard | State OH <input checked="" type="checkbox"/> | Zip Code 43026 | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor Nathan D. Painter | Employer, Occupation, Labor Organization* Nathan D. Painter, LLC | Registration Number, if PAC | |
| Street Address 6188 Pollard Place Drive | Description of Item or Service Postage | M D Y 0 4 2 7 1 1 | Fair Market Value \$440.00 |
| City Hilliard | State OH <input checked="" type="checkbox"/> | Zip Code 43026 | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State OH <input checked="" type="checkbox"/> | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State OH <input checked="" type="checkbox"/> | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State OH <input checked="" type="checkbox"/> | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State OH <input checked="" type="checkbox"/> | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State OH <input checked="" type="checkbox"/> | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Page Total \$602.00