

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Painter for Council							
Full Name of Contributor Nathan D. Painter					Registration Number, if PAC		
Street Address 6188 Pollard Place Drive		Employer/Occupation/Labor Organization* Nathan D. Painter, LLC			Form (Cash, Check, etc.) cash		
City Hilliard	State OH <input checked="" type="checkbox"/>	Zip Code 43026	M 0	D 2	Y 1	Amount \$100.00	
Full Name of Contributor Frank Carrier					Registration Number, if PAC		
Street Address 4437 Prairie Pine Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State OH <input checked="" type="checkbox"/>	Zip Code 43026	M 0	D 2	Y 1	Amount \$100.00	
Full Name of Contributor Mildred Painter					Registration Number, if PAC		
Street Address 2815 E. Perkins Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Sandusky	State OH <input checked="" type="checkbox"/>	Zip Code 44870	M 0	D 2	Y 1	Amount \$100.00	
Full Name of Contributor Anne Lamb					Registration Number, if PAC		
Street Address 919 W. Washington St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Sandusky	State OH <input checked="" type="checkbox"/>	Zip Code 44870	M 0	D 3	Y 1	Amount \$30.00	
Full Name of Contributor Karen Painter					Registration Number, if PAC		
Street Address 4416 Woodridge Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Sandusky	State OH <input checked="" type="checkbox"/>	Zip Code 44870	M 0	D 3	Y 1	Amount \$50.00	
Full Name of Contributor Christy Smalley					Registration Number, if PAC		
Street Address 7905 Wolftever		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Ooltewah	State TN <input checked="" type="checkbox"/>	Zip Code 37363	M 0	D 3	Y 1	Amount \$200.00	
Full Name of Contributor Gayle Lamb					Registration Number, if PAC		
Street Address 18515 Main St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Strongsville	State OH <input checked="" type="checkbox"/>	Zip Code 44149	M 0	D 3	Y 1	Amount \$100.00	
Full Name of Contributor Dawn Painter					Registration Number, if PAC		
Street Address 415 Indiana Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Sandusky	State OH <input checked="" type="checkbox"/>	Zip Code 44870	M 0	D 3	Y 1	Amount \$100.00	

* 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)]

Page Total **\$780.00**