

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Painter for Council			
Full Name of Contributor James Siccaro		Registration Number, if PAC	
Street Address 1555 Upper Chetopa Rd	Employer/Occupation/Labor Organization*	M <u>0</u> D <u>3</u> Y <u>10</u>	Amount 100
City Columbus	State <u>OH</u> Zip Code <u>43221</u>	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gregory Catrill			
Street Address 4814 Augustus Ct		Registration Number, if PAC	
City Hilliand	Employer/Occupation/Labor Organization* YMCA-Hilliand	M <u>0</u> D <u>3</u> Y <u>11</u>	Amount 100
	State <u>OH</u> Zip Code <u>43026</u>	Form (Cash, Check, etc.) Check	
Full Name of Contributor Citizens for Stephanie Kunze			
Street Address 5307 Franklin St		Registration Number, if PAC	
City Hilliand	Employer/Occupation/Labor Organization*	M <u>0</u> D <u>3</u> Y <u>11</u>	Amount 100
	State <u>OH</u> Zip Code <u>43026</u>	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brad Zappitelli			
Street Address 7558 Schleppi Rd		Registration Number, if PAC	
City New Albany	Employer/Occupation/Labor Organization*	M <u>0</u> D <u>3</u> Y <u>10</u>	Amount 100
	State <u>OH</u> Zip Code <u>43054</u>	Form (Cash, Check, etc.) Check	
Full Name of Contributor Currie Stanley			
Street Address 3488 Polley Rd		Registration Number, if PAC	
City Columbus	Employer/Occupation/Labor Organization* Stanley Insurance	M <u>0</u> D <u>3</u> Y <u>10</u>	Amount 100
	State <u>OH</u> Zip Code <u>43221</u>	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeff Schmiesing			
Street Address 6808 Royal Plume Dr.		Registration Number, if PAC	
City Dublin	Employer/Occupation/Labor Organization*	M <u>0</u> D <u>3</u> Y <u>08</u>	Amount 50
	State <u>OH</u> Zip Code <u>43016</u>	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan E. Thomas			
Street Address 3540 Brown Park Dr. St. L		Registration Number, if PAC	
City Hilliand	Employer/Occupation/Labor Organization* Susan E. Thomas CPA LTD	M <u>0</u> D <u>3</u> Y <u>08</u>	Amount 50
	State <u>OH</u> Zip Code <u>43026</u>	Form (Cash, Check, etc.) 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

1520	00
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Total expenditures this event.

249.64

Page Total \$

600