Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/0

Full Name of Committee				Prescribed by Se	ecretary of State	3/0	5		7 01	5 DF(mber, if F	AM PAC	<u>8: 36</u>	
Citizens for Nathan D. Painter Full Name of Candidate											KLIN OF E		YTY HONS.	
Nathan D. Pain	iter ———					7,	Office Sought	_			Distric			
6188 Pollard Place Drive City Hilliard							City Coun	cil			Hilliard			
								Starte OH		Zip Co		3026		
Type of Report		Pre-Primary Post-Primary					Pre-General		2015 Post-General			Annual Year		
(place X to the left of report type)		July Monthly		August Monthly			September Monthly		Termination			Semiannual		
Amended Report? 📮 Yes	™ No	Report Electronically Fi	iled?	Tyes No	Date o	of El	ection	0 M	0	0	0	0) O	
No other forms are required fo		nount brought forward				\$			00					
	2. Total monetary contributions (From Form No. 31-A)					\$		\$0.00 \$0.00						
	3. Total other income (From Form No. 31-A-2) 4. Total funds available (sum of lines 1, 2, 3)						<u> </u>	\$0,00						
	5. To	tal monétary expenditu	s		\$0	00								
	6. Ba	lance on hand (line 4 mi	\$	\$0,00										
	7. Value of in-kind contributions received (From Form No. 31-J-1) 8. Value of in-kind contributions made (From Form No. 31-J-2) 9. Outstanding loans owed by committee (From Form No. 31-C) 10. Outstanding debts owed by committee (From Form No. 31-N) 11. Outstanding loans owed to committee (From Form No. 31-N) 12. Value of independent expenditures made (From Form No. 31-U)						\$ \$0.00 \$ \$0.00 \$ \$0.00							
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							s \$0.00							
		or Electronic Filing Ent ium of lines 2, 7, and am			ived this period	i. S								
THE INFORMATION CONFALSIFICATION IS GUILT Sarah M. Pair	rofai iter,	Treas.			LTV OF ELE	сті Д	ONFAINIFICATION	K. WHOI	EVER C		9/15	TION		
Contribution 0]	Expenditu	re O			Othe	U]			Total	0		