

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Painter for Council							
Full Name of Contributor Greg Cottrell						Registration Number, if PAC	
Street Address 4814 Augustus Ct			Employer/Occupation/Labor Organization* YMCA			Form (Cash, Check, etc.) Check	
City Hilland			State OH		Zip Code 43026		Amount 50
Full Name of Contributor Nathan Painter						Registration Number, if PAC	
Street Address 6188 Pollard Place Dr.			Employer/Occupation/Labor Organization* Nathan D. Painter, LLC - Attorney			Form (Cash, Check, etc.) Cash	
City Hilland			State OH		Zip Code 43026		Amount 100
Full Name of Contributor Corrine Rice						Registration Number, if PAC	
Street Address 3808 Westbourne Dr.			Employer/Occupation/Labor Organization* True Performance, Inc			Form (Cash, Check, etc.) Check	
City Hilland			State OH		Zip Code 43026		Amount 50
Full Name of Contributor E. Los Carrier						Registration Number, if PAC	
Street Address 4437 Prairie Pine Ct.			Employer/Occupation/Labor Organization* Nationwide Ins.			Form (Cash, Check, etc.) Check	
City Hilland			State OH		Zip Code 43026		Amount 100
Full Name of Contributor George J. Siculars						Registration Number, if PAC	
Street Address 2450 N. High St			Employer/Occupation/Labor Organization* George J. Siculars, Construction			Form (Cash, Check, etc.) Check	
City Columbus			State OH		Zip Code 43202		Amount 100
Full Name of Contributor Paul Klausman						Registration Number, if PAC	
Street Address 75 E. Gay St. Ste 300			Employer/Occupation/Labor Organization* Klausman Law, Ltd - Attorney			Form (Cash, Check, etc.) Check	
City Columbus			State OH		Zip Code 43215		Amount 50
Full Name of Contributor Mildred Painter						Registration Number, if PAC	
Street Address 2845 E. Perkins Ave			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Cash	
City Sandusky			State OH		Zip Code 44870		Amount 100
Full Name of Contributor Anne Pamb						Registration Number, if PAC	
Street Address 919 W. Washington St			Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check	
City Sandusky			State OH		Zip Code 44870		Amount 30

* 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)]