

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Painter for Council</b>				
Full Name of Contributor <b>Jason Vandegriff</b>			Registration Number, if PAC	
Street Address <b>1714 Northwest Blvd</b>	Employer/Occupation/Labor Organization* <b>Bethel Memorial Inst</b>		M <b>0</b>	D <b>3</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43212</b>	Y <b>1</b>	Amount <b>20</b>
Form (Cash, Check, etc.) <b>Cash</b>				
Full Name of Contributor <b>Committee For Ron O'Brien</b>			Registration Number, if PAC	
Street Address <b>865 Mason Alley</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Y <b>1</b>	Amount <b>100</b>
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				

\* 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

Total expenditures this event.

249 64

Page Total \$

120