

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Painter for Council							
Full Name of Contributor George J. Sicaras							
Street Address 2450 N. High St		Employer/Occupation/Labor Organization* George J. Sicaras, Construction		M 0	D 2	Y 27	Amount 100
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) Check			
Full Name of Contributor Bill Klausman							
Street Address 75 E. Gay St. Suite 300		Employer/Occupation/Labor Organization* Klausman Law, Ltd - Attorney		M 0	D 2	Y 47	Amount 50
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Daniel Downey							
Street Address 3791 Shallow Creek Dr		Employer/Occupation/Labor Organization* Worston Hurd, LLP		M 0	D 3	Y 05	Amount 250
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) Check			
Full Name of Contributor Meribeth Deavers							
Street Address 8508 Kilbourne Rd		Employer/Occupation/Labor Organization* Isaac, Brent, Ledner + Tiedt		M 0	D 2	Y 28	Amount 100
City Sunbury		State OH	Zip Code 43074	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mitzy Hines - Hines Little Smiles, LLC							
Street Address 5715 N. Hamilton Rd		Employer/Occupation/Labor Organization* Member Hines Little Smiles, LLC		M 0	D 3	Y 08	Amount 150
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael Silberstein							
Street Address 1093 Fountain Lane Apt D		Employer/Occupation/Labor Organization*		M 0	D 2	Y 31	Amount 50
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) Check			
Full Name of Contributor Dean Adamantidis							
Street Address 2320 Kensington Dr		Employer/Occupation/Labor Organization*		M 0	D 3	Y 10	Amount 100
City Columbus		State OH	Zip Code 43221	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

152	09
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Total expenditures this event.

249.64

Page Total \$ 800
