31-E
R.C. 3517.10(B)

Event Date 03/03/11
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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	Street Address	City	State	Zip Code	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Date (M D Y)	Amount	Form (Cash, Check, etc.)
Sloane Kates	4211 Pollard Place Dr.	Hilliard	OH	43026			03 03 11	40	Check
Kathleen Williamson	6164 Pollard Place Drive	Hilliard	OH	43026			03 03 11	30	Check
Nicole Rager	3568 Nightspring Ct.	Hilliard	OH	43026	Conner Hefferskin		03 01 11	40	Check
Natalie Painter	415 Indiana Ave	Sandusky	OH	44870	Thirsty Pena		03 03 11	50	Check
Dawn Painter	415 Indiana Ave	Sandusky	OH	44870	Firelands Hospital		03 03 11	50	Check
Citizens to Elect Tim Roberts	5307 Franklin St	Hilliard	OH	43026			03 03 11	100	Check
Chad Blankenship	5216 Barlow St.	Hilliard	OH	43026			03 03 11	300	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: 1,370 00

Total expenditures this event.

Page Total $ 610