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Ohio Campaign Finance Report

FRANKLIN COUNTY
BOARD OF ELECTIONS

Prescribed by Secretary of State 3/05

Full Name of Committee Committee for Dewey Stokes							Registration Number, if PAC			
Full Name of Candidate Dewey R. Stokes										
Street Address 750 Willow Bend Lane						Office Sought N/A		District		
City Columbus						State O H		Zip Code 43204		
Type of Report (place X in the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination		X Semiannual 2007	
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			M		D		Y

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 35,078.54
2. Total monetary contributions (from Form No. 31-A)	\$ 1,497.00
3. Total other income (from Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, & 3)	\$ 36,575.54
5. Total monetary expenditures (from Form No. 31-B)	\$ 15,016.91
6. Balance on hand (line 4 minus line 5)	\$ 21,558.63
7. Value of in-kind contributions received (from Form No. 31-A-3)	\$
8. Value of in-kind contributions made (from Form No. 31-B-2)	\$
9. Outstanding loans owed by committee (from Form No. 31-C)	\$
10. Outstanding debts owed by committee (from Form No. 31-D)	\$
11. Outstanding loans owed to committee (from Form No. 31-E)	\$
12. Value of independent expenditures made (from Form No. 31-F)	\$
13. For Electronic Filing Entries only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Florence Stokes, Deputy Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Florence Stokes, Deputy Treas.
Signature

July 31 2007
Date

Contribution
pages 3

Expenditure
pages 6

Other
pages 17

Total
pages 26

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Committee for Dewey Stokes													
To Whom Paid						M	D	Y	Amount				
Eicholt						1	2	1	1	0	6	451.00	
Address				Purpose									
401 W. Town Street				Committee Expense									
City		State		Zip Code		Check Number							
Columbus		O H		43215		1573							
To Whom Paid						M	D	Y	Amount				
Matt Sexton						1	2	2	1	0	6	600.00	
Address				Purpose									
1262 Bunker Hill Blvd.				Campaign Work									
City		State		Zip Code		Check Number							
Columbus		O H		43220		1575							
To Whom Paid						M	D	Y	Amount				
Son of AMVETS						1	2	2	7	0	6	30.00	
Address				Purpose									
3535 Westerville Rd.				Dues									
City		State		Zip Code		Check Number							
Columbus		O H		43224		1576							
To Whom Paid						M	D	Y	Amount				
Jim Jewell						1	2	2	7	0	6	19.12	
Address				Purpose									
5348 Adventure Dr.				Phone @ headquarters									
City		State		Zip Code		Check Number							
Dublin		O H		43017		1577							
To Whom Paid						M	D	Y	Amount				
Hilltop Business Assoc.						1	2	2	7	0	6	50.00	
Address				Purpose									
61 S. Powell Ave.				Dues									
City		State		Zip Code		Check Number							
Columbus		O H		43204		1579							
To Whom Paid						M	D	Y	Amount				
Chris Macisco						1	2	2	7	0	6	70.00	
Address				Purpose									
250 W. Lane Ave.				Candy for Parade Reimbursement									
City		State		Zip Code		Check Number							
Columbus		O H		43201		1580							
To Whom Paid						M	D	Y	Amount				
Hope Street Kids						1	2	2	7	0	6	100.00	
Address				Purpose									
1600 Duke St., Ste. 500				Donation									
City		State		Zip Code		Check Number							
Alexandria		V A		22314		1581							
To Whom Paid						M	D	Y	Amount				
Joni McClellan						1	2	2	9	0	6	925.00	
Address				Purpose									
44 Tabalore Loop				Reimburse and Labor									
City		State		Zip Code		Check Number							
Delaware		O H		43015		1582							

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Committee for Dewey Stokes													
To Whom Paid							M	D	Y	Amount			
Franklin County Republican Party							0	1	2	5	0	7	50.00
Address				Purpose									
14 E. Gay St.				Luncheon									
City		State		Zip Code		Check Number							
Columbus		O H		43215		1583							
To Whom Paid							M	D	Y	Amount			
Vorys, Sater, Seymour & Pease							0	2	0	1	0	7	1,890.65
Address				Purpose									
52 East Gay St.				Legal Expenses related to Commissioner's position									
City		State		Zip Code		Check Number							
Columbus		O H		43215		1584							
To Whom Paid							M	D	Y	Amount			
Ohio Republican Party							0	2	0	1	0	7	100.00
Address				Purpose									
211 S. 5th St.				Membership									
City		State		Zip Code		Check Number							
Columbus		O H		43215		1585							
To Whom Paid							M	D	Y	Amount			
Navy League							0	2	0	2	0	7	50.00
Address				Purpose									
P.O. Box 9531				Dinner									
City		State		Zip Code		Check Number							
Columbus		O H		43209		1586							
To Whom Paid							M	D	Y	Amount			
The Gathering							0	2	0	5	0	7	50.00
Address				Purpose									
3520 Snouffer Rd.				Donation									
City		State		Zip Code		Check Number							
Columbus		O H		43235		1587							
To Whom Paid							M	D	Y	Amount			
Committee for Joe Testa, Ross Chambers, Treasurer							0	2	0	6	0	7	1,000.00
Address				Purpose									
1892 Birkdale Drive				Contribution									
City		State		Zip Code		Check Number							
Columbus		O H		43232		1588							
To Whom Paid							M	D	Y	Amount			
Franklin County Forum							0	2	1	8	0	7	12.00
Address				Purpose									
6681 Markwood St.				Dues 2007									
City		State		Zip Code		Check Number							
Worthington		O H		43085		1589							
To Whom Paid							M	D	Y	Amount			
Reynoldsburg Republican Club							0	2	1	8	0	7	10.00
Address				Purpose									
7250 East Main St.				Dues 2007									
City		State		Zip Code		Check Number							
Reynoldsburg		O H		43068		1590							

Statement of Expenditures

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Name of Committee in Full Committee for Dewey Stokes						
To Whom Paid Hilliard Republican Club			M	D	Y	Amount 60.00
Address c/o 14 E. Gay St.			Purpose Lincoln-Reagan Luncheon			
City Hilliard Republican Club		State O H	Zip Code 43215	Check Number 1591		
To Whom Paid Chuck Canterbury			M	D	Y	Amount 100.00
Address 4653 Redwood Drive			Purpose FOP Campaign Donation			
City Myrtle Beach		State S C	Zip Code 29588	Check Number 1592		
To Whom Paid Citizens for Ron O'Brien			M	D	Y	Amount 50.00
Address 865 Macon Alley			Purpose Donation			
City Columbus		State O H	Zip Code 43206	Check Number 1593		
To Whom Paid Holy Family Church			M	D	Y	Amount 1,500.00
Address 584 W. Broad St.			Purpose Donation			
City Columbus		State O H	Zip Code 43215	Check Number 1594		
To Whom Paid Ohio Ethics Commission			M	D	Y	Amount 40.00
Address 8 E. Long St.			Purpose Report			
City Columbus		State O H	Zip Code 43215	Check Number 1595		
To Whom Paid FLS Connect			M	D	Y	Amount 3,443.82
Address 7300 Hudson Blvd.			Purpose Campaign Phone Calls			
City Saint Paul		State M N	Zip Code 55128	Check Number 1596		
To Whom Paid Vorys, Sater, Seymour & Pease			M	D	Y	Amount 1,450.00
Address 52 E. Gay St.			Purpose Legal Services associated with Commissioner position			
City Columbus		State O H	Zip Code 43215	Check Number 1450		
To Whom Paid The Gathering			M	D	Y	Amount 50.00
Address 3520 Snouffer Rd.			Purpose Ohio Prayer Breakfast			
City Columbus		State O H	Zip Code 43235	Check Number 1598		

Statement of Expenditures

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Name of Committee in Full Committee for Dewey Stokes							
To Whom Paid Vorys, Sater, Seymour & Pease				M	D	Y	Amount
				0	4	2	143.30
Address 52 East Gay St.		Purpose Legal Services associated with Office of Commissioner					
City Columbus		State O H	Zip Code 43215	Check Number 1599			
To Whom Paid Matthew Sexton				M	D	Y	Amount
				0	5	0	300.00
Address 1262 Bunker Hill Blvd.		Purpose Reimburse for Expenses					
City Columbus		State O H	Zip Code 43220	Check Number 1600			
To Whom Paid Holy Family				M	D	Y	Amount
				0	6	1	340.00
Address 401 W. Broad St.		Purpose Donation					
City Columbus		State O H	Zip Code 43215	Check Number 1600			
To Whom Paid US Bank				M	D	Y	Amount
				0	1	0	31.50
Address		Purpose Merchant Service Charge					
City		State	Zip Code	Check Number			
To Whom Paid US Bank				M	D	Y	Amount
				0	1	1	5.00
Address		Purpose Analysis Charge					
City		State	Zip Code	Check Number			
To Whom Paid US Bank				M	D	Y	Amount
				0	2	0	31.50
Address		Purpose Merchant Service Charge					
City		State	Zip Code	Check Number			
To Whom Paid US Bank				M	D	Y	Amount
				0	2	1	8.00
Address		Purpose Analysis Charge					
City		State	Zip Code	Check Number			
To Whom Paid US Bank				M	D	Y	Amount
				0	3	0	35.00
Address		Purpose Merchant Service Charge					
City		State	Zip Code	Check Number			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Dewey Stokes												
To Whom Paid US Bank						M	D	Y	Amount			
						0	3	1	4	0	7	8.00
Address				Purpose Analysis Service Charge								
City		State		Zip Code		Check Number						
To Whom Paid US Bank						M	D	Y	Amount			
						0	4	0	2	0	7	35.00
Address				Purpose Merchants Service Charge								
City		State		Zip Code		Check Number						
To Whom Paid US Bank						M	D	Y	Amount			
						0	4	1	3	0	7	14.00
Address				Purpose Analysis Service Charge								
City		State		Zip Code		Check Number						
To Whom Paid US Bank						M	D	Y	Amount			
						0	5	0	1	0	7	35.00
Address				Purpose Merchants Service Charge								
City		State		Zip Code		Check Number						
To Whom Paid US Bank						M	D	Y	Amount			
						0	5	1	4	0	7	8.00
Address				Purpose Analysis Service Charge								
City		State		Zip Code		Check Number						
To Whom Paid US Bank						M	D	Y	Amount			
						0	6	0	1	0	7	35.00
Address				Purpose Merchants Service Charge								
City		State		Zip Code		Check Number						
To Whom Paid US Bank						M	D	Y	Amount			
						0	6	0	4	0	7	77.45
Address				Purpose Check Printing Charge								
City		State		Zip Code		Check Number						
To Whom Paid From Form 31-F						M	D	Y	Amount			
									1,808.57			
Address				Purpose								
City		State		Zip Code		Check Number						

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Committee for Dewey Stokes							
Full Name of Contributor Robert Oppenheimer				Registration Number, if PAC			
Street Address 811 Wakeman Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	10.00
City Westerville		State O H	Zip Code 43081	Form(Cash,Check,etc)			
				Cash			
Full Name of Contributor Patty Lamb				Registration Number, if PAC			
Street Address 722 S. Pearl St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	82.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc)			
				Cash			
Full Name of Contributor Candiac Fisher				Registration Number, if PAC			
Street Address 3255 Ponderosa Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	8.00
City Columbus		State O H	Zip Code 43229	Form(Cash,Check,etc)			
				Cash			
Full Name of Contributor Joe Gatto				Registration Number, if PAC			
Street Address 5701 Romero Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	50.00
City Dublin		State O H	Zip Code 43216	Form(Cash,Check,etc)			
				Cash			
Full Name of Contributor Gary L. Baker II				Registration Number, if PAC			
Street Address 2142 Staghorn Way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	40.00
City Grove City		State O H	Zip Code 43123	Form(Cash,Check,etc)			
				Check			
Full Name of Contributor Robert Basbagill				Registration Number, if PAC			
Street Address 663 Youn kin Pkwy N.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	217.00
City Columbus		State O H	Zip Code 43207	Form(Cash,Check,etc)			
				Check			
Full Name of Contributor Robert W. Oppenheimer				Registration Number, if PAC			
Street Address 811 Wakeman Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	99.00
City Westerville		State O H	Zip Code 43081	Form(Cash,Check,etc)			
				Check			

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Committee for Dewey Stokes			
Full Name of Contributor Dr. James A. Cowles		Registration Number, if PAC	
Street Address 125 Crown Ct.	Employer/Occupation/Labor Organization*	M D Y 1 2 1 2 0 6	Amount 110.00
City Lancaster	State Zip Code O H 43130	Form(Cash,Check,etc) Check	
Full Name of Contributor Ronald H. Rosen		Registration Number, if PAC	
Street Address 2049 Pamona Ct.	Employer/Occupation/Labor Organization*	M D Y 1 2 1 2 0 6	Amount 78.00
City Columbus	State Zip Code O H 43228	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen Whitman		Registration Number, if PAC	
Street Address 2467 Eakin Rd.	Employer/Occupation/Labor Organization*	M D Y 1 2 1 2 0 6	Amount 80.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Paul G. Bice		Registration Number, if PAC	
Street Address 599 Rosehill Rd.	Employer/Occupation/Labor Organization*	M D Y 1 2 1 2 0 6	Amount 334.00
City Reynoldsburg	State Zip Code O H 43068	Form(Cash,Check,etc) Check	
Full Name of Contributor Nick Soulas		Registration Number, if PAC	
Street Address 3923 E. Broad St.	Employer/Occupation/Labor Organization*	M D Y 1 2 1 2 0 6	Amount 125.00
City Columbus	State Zip Code O H 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen Vollmuth		Registration Number, if PAC	
Street Address 4963 Springdale Blvd.	Employer/Occupation/Labor Organization*	M D Y 1 2 1 2 0 6	Amount 126.00
City Hilliard	State Zip Code O H 43026	Form(Cash,Check,etc) Check	
Full Name of Contributor Diane L. Capretta		Registration Number, if PAC	
Street Address 13985 Commerical Point Road	Employer/Occupation/Labor Organization*	M D Y 1 2 1 2 0 6	Amount 88.00
City Ashville	State Zip Code O H 43103	Form(Cash,Check,etc) Check	

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Dewey Stokes							
Full Name of Contributor Cloppert, Latanick, Sauter, Washburn				Registration Number, if PAC			
Street Address 225 East Broad St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	1	2	1	2
				Form(Cash,Check,etc) Check		50.00	
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code				

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Committee for Dewey Stokes									
To Whom Paid Veterans Memorial						M	D	Y	Amount
						1	2	2	758.00
Address 300 W. Broad St.			Purpose Space Rental						
City Columbus		State O H	Zip Code 43215	Check Number 1574					
To Whom Paid Sodexho						M	D	Y	Amount
						1	2	2	1,050.57
Address 300 W. Broad St.			Purpose Food						
City Columbus		State O H	Zip Code 43215	Check Number 1578					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.