

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

07 DEC 14 PM 12:52

Full Name of Committee Committee to Elect Bill Todd						Registration Number, if PAC, Y FRANKLIN COUNTY BOARD OF ELECTIONS								
Full Name of Candidate Bill Todd														
Street Address 14 East Gay St., 2nd Floor						Office Sought Mayor			District Columbus					
City Columbus						State OH		Zip Code 43215						
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year				
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual				
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		1	M	1	0	D	6	0	Y	7

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 for 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	\$	\$28,565.95
2. Total monetary contributions (From Form No. 31-A)	\$	\$3,450.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$32,015.95
5. Total monetary expenditures (From Form No. 31-B)	\$	\$27,193.86
6. Balance on hand (line 4 minus line 5)	\$	\$4,822.09
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$2,047.50
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$5,025.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	\$0.00

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.

Michael Gonidakis, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Michael Gonidakis
Signature

12-13-07
Date

Contribution pages 1

Expenditure pages 1

Other pages 11

Total pages 13

Committee to Elect Bill Todd
Statement of Expenditures

FIRST NAME	LAST NAME	BUSINESS	ADDRESS	CITY	STATE	ZIP	DATE OF EXPENDITURE	AMOUNT	PURPOSE
		MLG Capitol Consulting	6586 Baronscourt Loop	Dublin	OH	43016	11/1/2007	3000.00	Consulting
		The 316 Group	1378 Havant Dr.	New Albany	OH	43054	11/1/2007	2500.00	Consulting
		Wilson Grand Communications	429 North St. Asaph Street	Alexandria	VA	22314	11/1/2007	1750.00	Media Buy
		The Winery	P.O. Box 361212	Columbus	OH	43236	11/1/2007	396.00	mailers
Michael	Gonidakis		6586 Baronscourt Loop	Dublin	OH	43016	11/7/2007	489.73	Reimburse Cell Phone
Laura	Davis		1607 North 4th St., Apt. E	Columbus	OH	43201	11/7/2007	36.50	Reimburse Gas
Eric	Forbes		7751 Metropolitan Dr.	Columbus	OH	43235	11/7/2007	47.00	Reimburse Gas
Eric	Forbes		7751 Metropolitan Dr.	Columbus	OH	43235	11/7/2007	1000.00	Consulting
		Wilson Grand Communications	429 North St. Asaph Street	Alexandria	VA	22314	11/7/2007	500.00	Radio VO Production
		E-Roots Consulting	172 East State St., Ste. 515	Columbus	OH	43215	11/7/2007	331.33	Website work
		The 316 Group	1378 Havant Dr.	New Albany	OH	43054	11/7/2007	5000.00	Consulting
		MLG Capitol Consulting	6586 Baronscourt Loop	Dublin	OH	43016	11/7/2007	5250.00	Consulting
		MLG Capitol Consulting	6586 Baronscourt Loop	Dublin	OH	43016	11/14/2007	5250.00	Consulting
Willis	Brown		164 North Monroe Ave.	Columbus	OH	43203	11/9/2007	75.00	grass roots expenses
		Wilson Grand Communications	429 North St. Asaph Street	Alexandria	VA	22314	11/2/2007	940.00	Media Buy
		Huntington Bank		Columbus	OH	43215	11/15/2007	280.00	Fees
		Huntington Bank		Columbus	OH	43215	11/15/2007	28.70	Fees
Bill	Todd		88 East Broad St.	Columbus	OH	43215	11/28/2007	78.93	Reimburse lunch
Michael	Gonidakis		6586 Baronscourt Loop	Dublin	OH	43016	12/4/2007	240.67	Reimburse Cell Phone
								27193.86	

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Bill Todd			
Full Name of Contributor Franklin County Republican Party		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 14 East Gay St., 2nd Floor		Description of Item or Service Accounting Services	M D Y Fair Market Value 1 2 0 3 0 7 \$2,047.50
City Columbus	State OH	Zip Code 43215	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Bill Todd													
From Whom Received Bill Todd								Prior Amount \$5,025.00			Amt. Incurred this Period \$0.00		
Address 41 South High Street, Suite 2600											Outstanding Balance \$5,025.00		
City Columbus		St ate OH		Zip Code 43215		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M 0 2		D 2 8		Y 0 7				M		D	
Registration Number, if PAC										M		D	
Employer/Occupation/Labor Organization*										M		D	
From Whom Received								Prior Amount			Amt. Incurred this Period		
Address											Outstanding Balance		
City		St ate		Zip Code		Loans Received This Period				Payments This Period			
		OH				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M		D		Y				M		D	
Registration Number, if PAC										M		D	
Employer/Occupation/Labor Organization*										M		D	
From Whom Received								Prior Amount			Amt. Incurred this Period		
Address											Outstanding Balance		
City		St ate		Zip Code		Loans Received This Period				Payments This Period			
		OH				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M		D		Y				M		D	
Registration Number, if PAC										M		D	
Employer/Occupation/Labor Organization*										M		D	
From Whom Received								Prior Amount			Amt. Incurred this Period		
Address											Outstanding Balance		
City		St ate		Zip Code		Loans Received This Period				Payments This Period			
		OH				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M		D		Y				M		D	
Registration Number, if PAC										M		D	
Employer/Occupation/Labor Organization*										M		D	

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ \$5,025.00

² Total received this period \$ \$0.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$5,025.00 (To Form No. 30-A)