

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

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07 OCT 32 AM 11:56
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Committee to Elect Bill Todd						Registration Number, if PAC						
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 checked="" type="checkbox"/>	5 Day Report Pre-General	<input 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	\$	\$66,951.27
2. Total monetary contributions (From Form No. 31-A)	\$	\$500.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$67,451.27
5. Total monetary expenditures (From Form No. 31-B)	\$	\$38,885.32
6. Balance on hand (line 4 minus line 5)	\$	\$28,565.95
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$84,850.00
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.	\$	

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FRANKLIN COUNTY
BOARD OF ELECTIONS

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

11/1/07
Date

Contribution pages 1

Expenditure pages 1

Other pages 5

Total pages 7

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Bill Todd						
Full Name of Contributor Norman M. Spain					Registration Number, if PAC	
Street Address 4590 Knightsbridge Blvd., Apt. 314		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 2907	Amount \$50.00
Full Name of Contributor Stephen Green					Registration Number, if PAC	
Street Address 3752 North High St.		Employer/Occupation/Labor Organization* Breen Winkle & Green LLP/Attorney			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 2907	Amount \$250.00
Full Name of Contributor Patrick H. Boggs					Registration Number, if PAC	
Street Address 1730 Doone Rd.		Employer/Occupation/Labor Organization* Onda, LaBuhn, Rankin & Boggs/Attorney			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 2907	Amount \$200.00
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount

* 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Committee to Elect Bill Todd							
To Whom Paid				M	D	Y	Amount
E-Roots Consulting				1	0	1807	\$919.28
Address		Purpose					
172 East State St., Ste. 515		tech support, editing & filming					
City		State	Zip Code	Check Number			
Columbus		OH	43215	1062			
To Whom Paid				M	D	Y	Amount
Michael Gonidakis				1	0	1807	\$204.04
Address		Purpose					
6586 Barronscourt Loop		reimburse cell phone					
City		State	Zip Code	Check Number			
Dublin		OH	43016	1063			
To Whom Paid				M	D	Y	Amount
Ad Graphics Inc.				1	0	2407	\$240.00
Address		Purpose					
439 West Market St.		ad design & layout					
City		State	Zip Code	Check Number			
Akron		OH	44303	1064			
To Whom Paid				M	D	Y	Amount
The Winnery				1	0	2507	\$660.00
Address		Purpose					
P.O. Box 361212		Lit cards					
City		State	Zip Code	Check Number			
Columbus		OH	43236	1065			
To Whom Paid				M	D	Y	Amount
Wilson Grand Communication				1	0	2507	\$30,500.00
Address		Purpose					
429 North St. Asaph Street		production & media buy					
City		State	Zip Code	Check Number			
Alexandria		VA	22314				
To Whom Paid				M	D	Y	Amount
The Winnery				1	0	2607	\$422.00
Address		Purpose					
P.O. Box 361212		Lit cards					
City		State	Zip Code	Check Number			
Columbus		OH	43236	1066			
To Whom Paid				M	D	Y	Amount
Wilson Grand Communication				1	0	2607	\$3,440.00
Address		Purpose					
429 North St. Asaph Street		media buy					
City		State	Zip Code	Check Number			
Alexandria		VA	22314				
To Whom Paid				M	D	Y	Amount
Wilson Grand Communication				1	0	3007	\$2,500.00
Address		Purpose					
429 North St. Asaph Street		media buy					
City		State	Zip Code	Check Number			
Alexandria		VA	22314				

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	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Ohio Republican State & Central Executive Committee			
Street Address	Description of Item or Service		M D Y Fair Market Value
211 South Fifth St.	Video Production		1 0 2 5 0 7 \$82,000.00
City	State	Zip Code	Received at Fundraising Event?
Columbus	OH	43215	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Ohio Republican State & Central Executive Committee			
Street Address	Description of Item or Service		M D Y Fair Market Value
211 South Fifth St.	postage		1 0 3 0 0 7 \$1,550.00
City	State	Zip Code	Received at Fundraising Event?
Columbus	OH	43215	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Ohio Republican State & Central Executive Committee			
Street Address	Description of Item or Service		M D Y Fair Market Value
211 South Fifth St.	Postage		1 0 3 1 0 4 \$1,300.00
City	State	Zip Code	Received at Fundraising Event?
Columbus	OH	43215	<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	Zip Code	Received at Fundraising Event?
	OH		<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	Zip Code	Received at Fundraising Event?
	OH		<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	Zip Code	Received at Fundraising Event?
	OH		<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	Zip Code	Received at Fundraising Event?
	OH		<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	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input checked="" type="radio"/> NO

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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		D		Y		\$		M		D		Y		\$	
0 2		2 8		0 7													
Registration Number, if PAC								M		D		Y					
Employer/Occupation/Labor Organization*								M		D		Y					
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		Y		\$	
Registration Number, if PAC								M		D		Y					
Employer/Occupation/Labor Organization*								M		D		Y					
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		Y		\$	
Registration Number, if PAC								M		D		Y					
Employer/Occupation/Labor Organization*								M		D		Y					
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		Y		\$	
Registration Number, if PAC								M		D		Y					
Employer/Occupation/Labor Organization*								M		D		Y					

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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)