

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
08 FEB 20 PM 12:10
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Citizens for Troper						Registration Number, if PAC			
Full Name of Candidate Michael C. Troper									
Street Address 85 Highland Ave.				Office Sought County Commissioner			District Franklin		
City Worthington						State O H	Zip Code 43085		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July		August		September		Termination	Semiannual
		Monthly		Monthly		Monthly			
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M 0 3	D 0 4	Y 0 8

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	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	1,150.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	1,150.00
5. Total monetary expenditures (From Form No. 31-B)	\$	1,084.59
6. Balance on hand (line 4 minus line 5)	\$	65.41
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
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)	\$	0.00
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	\$	

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 C. Troper, Treasurer

Michael C. Troper
Signature

2/20/08
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages 1

Expenditure pages 1

Other pages 0

Total pages 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Troper									
Full Name of Contributor Michael C. Troper						Registration Number, if PAC			
Street Address 85 Highland Ave.			Employer/Occupation/Labor Organization* Mosaica Education, Inc.				Form (Cash, Check, etc.) check		
City Worthington		State O H		Zip Code 43085		M 0 1	D 1 9	Y 0 8	Amount 750.00
Full Name of Contributor Michael C. Troper						Registration Number, if PAC			
Street Address 85 Highland Ave.			Employer/Occupation/Labor Organization* Mosaica Education, Inc.				Form (Cash, Check, etc.) check		
City Worthington		State O H		Zip Code 43085		M 0 2	D 1 6	Y 0 8	Amount 400.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		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		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		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		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		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		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 appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Troper							
To Whom Paid Huntington Bank				M	D	Y	Amount
				0	2	0	4
				0	8		8.95
Address 800 High St.		Purpose check stock fee					
City Worthington		State O H	Zip Code 43085	Check Number n/a			
To Whom Paid Michael C. Troper				M	D	Y	Amount
				0	2	2	0
				0	8		1,075.64
Address 85 Highland Ave.		Purpose reimbursement of campaign expenses (see receipts)					
City Worthington		State O H	Zip Code 43085	Check Number 101			
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			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			