

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

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Full Name of Committee <b>Citizens for Rhodes</b>						Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS								
Full Name of Candidate <b>Angel Rhodes</b>														
Street Address <b>14 East Gay St., 2nd Floor</b>						Office Sought <b>County Commissioner</b>			District <b>Franklin Co.</b>					
City <b>Columbus</b>						State <b>OH</b>		Zip Code <b>43215</b>						
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	4	0	Y	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 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	\$	\$4,318.53
2. Total monetary contributions (From Form No. 31-A)	\$	\$450.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$4,768.53
5. Total monetary expenditures (From Form No. 31-B)	\$	\$4,274.20
6. Balance on hand (line 4 minus line 5)	\$	\$494.33
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$315.00
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)	\$	\$1,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$6,538.26
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.

Bradley K. Sinnott, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

*Bradley K. Sinnott*

12/22/08

Contribution pages 1

Expenditure pages 1

Other pages 7

Total pages 9

# Statement of Contributions Received

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Name of Committee in Full <b>Citizens for Rhodes</b>						
Full Name of Contributor <b>Worthington Republican Women's Club</b>				Registration Number, if PAC		
Street Address <b>526 Haymore Avenue North</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	M <b>1</b>	D <b>0</b>	Y <b>2 2 0 8</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Iron Workers Local Union 172</b>				Registration Number, if PAC <b>LA229</b>		
Street Address <b>2867 South High Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>	M <b>1</b>	D <b>0</b>	Y <b>3 0 0 8</b>	Amount <b>\$150.00</b>
Full Name of Contributor <b>Arthur Wallis Shantz Jr.</b>				Registration Number, if PAC		
Street Address <b>410 Belle Haven Pky</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) check	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	M <b>1</b>	D <b>1</b>	Y <b>1 9 0 8</b>	Amount <b>\$200.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>Citizens for Rhodes</b>								
To Whom Paid <b>Jeffrey D. Kaplan</b>					M	D	Y	Amount
					1	2	0	2
					0	2	0	8
								\$4,274.20
Address <b>7373 Christie Chapel Rd.</b>				Purpose <b>Reimburse newspaper ad, video/T.V. spot production &amp; parade entry</b>				
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43017</b>		Check Number <b>1002</b>			
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
<b>OH</b>								
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
<b>OH</b>								
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
<b>OH</b>								
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
<b>OH</b>								
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
<b>OH</b>								
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
<b>OH</b>								
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State	Zip Code		Check Number			
<b>OH</b>								

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Rhodes</b>				
Full Name of Contributor <b>Franklin County Republican Party</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>14 East Gay St., 2nd Floor</b>		Description of Item or Service <b>Accounting Services</b>		M   D   Y   Fair Market Value <b>1   2   0   5   0   8   \$315.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>Citizens for Rhodes</b>													
From Whom Received <b>Jeffrey D. Kaplan</b>								Prior Amount <b>\$1,000.00</b>			Amt. Incurred this Period <b>\$0.00</b>		
Address <b>7373 Christie Chapel Rd.</b>											Outstanding Balance <b>\$1,000.00</b>		
City <b>Dublin</b>		St ate <b>OH</b>		Zip Code <b>43017</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$		M	D	Y	\$
0 5		2	2	0 8									
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	
<b>After Dark Graphics/Graphic Designer</b>													
From Whom Received								Prior Amount			Amt. Incurred this Period		
Address											Outstanding Balance		
City		St ate		Zip Code		Loans Received This Period				Payments This Period			
		<b>OH</b>				Date		Amount		Date		Amount	
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			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			
		<b>OH</b>				Date		Amount		Date		Amount	
<b>Date Loan was originally Incurred</b>		M	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	

\* 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)]

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).

- <sup>1</sup> Total prior amount \$ \$1,000.00
- <sup>2</sup> Total received this period \$ \$0.00 (To Form No. 31-A-2)
- <sup>3</sup> Total payments this period \$ \$0.00 (To Form No. 31-B)
- <sup>4</sup> Total Outstanding Balance \$ \$1,000.00 (To Form No. 30-A)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Citizens for Rhodes</b>							
To Whom Owed <b>Jeffrey D. Kaplan</b>				Prior Amount <b>\$0.00</b>		Amt. Incurred this Period <b>\$6,538.26</b>	
Address <b>7373 Christie Chapel Rd.</b>				Item or Purpose of Debt <b>Yard signs, media buy</b>		Outstanding Balance <b>\$6,538.26</b>	
City <b>Dublin</b>		Sta te <b>OH</b>	Zip Code <b>43017</b>		<b>Payments This Period</b>		
				Date		Amount	
<b>Date Debt was originally Incurred</b>				M	D	Y	\$
1 2				0 5	0 8		
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed				Prior Amount		Amt. Incurred this Period	
Address				Item or Purpose of Debt		Outstanding Balance	
City		Sta te	Zip Code		<b>Payments This Period</b>		
				Date		Amount	
<b>Date Debt was originally Incurred</b>				M	D	Y	\$
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed				Prior Amount		Amt. Incurred this Period	
Address				Item or Purpose of Debt		Outstanding Balance	
City		Sta te	Zip Code		<b>Payments This Period</b>		
				Date		Amount	
<b>Date Debt was originally Incurred</b>				M	D	Y	\$
Registration Number, if PAC				M	D	Y	
				M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 6,538.26 (also record on cover page)