

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

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FILED

Full Name of Committee Citizens for Stephanie McCloud				Registration Number 11 PACIN COUNTY BOARD OF ELECTIONS			
Full Name of Candidate Stephanie McCloud							
Street Address 14 East Gay St., 2nd Floor				Office Sought Treasurer		District Franklin Co.	
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	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	\$	\$10,850.81
2. Total monetary contributions (From Form No. 31-A)	\$	\$12,384.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$23,234.81
5. Total monetary expenditures (From Form No. 31-B)	\$	\$5,520.00
6. Balance on hand (line 4 minus line 5)	\$	\$17,714.81
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$385.00
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.

Bradley K. Sinnott, Treasurer

Bradley K. Sinnott
Signature

12/11/08
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages 2

Expenditure pages 1

Other pages 4

Total pages 7

Statement of Contributions Received

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Name of Committee in Full Citizens for Stephanie McCloud						
Full Name of Contributor Gordon Proctor				Registration Number, if PAC		
Street Address 7825 Wiltshire Dr.		Employer/Occupation/Labor Organization* Gordon Proctor & Associates			Form (Cash, Check, etc.) credit card	
City Dublin	State OH	Zip Code 43016	M 1	D 0	Y 2008	Amount \$242.45
Full Name of Contributor Patrick Trueman				Registration Number, if PAC		
Street Address 10350 Southam Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Oakton	State VA	Zip Code 22124	M 1	D 0	Y 2008	Amount \$48.25
Full Name of Contributor Joh Price				Registration Number, if PAC		
Street Address 9000 Keystone Crossing #150		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Indianapolis	State IN	Zip Code 46240	M 1	D 0	Y 2008	Amount \$48.25
Full Name of Contributor Central Ohio Realtors PAC				Registration Number, if PAC local PAC		
Street Address 2700 Airport Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43219	M 1	D 0	Y 2008	Amount \$1,000.00
Full Name of Contributor Family First PAC				Registration Number, if PAC OH888		
Street Address 4288 Armstrong Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Batavia	State OH	Zip Code 45103	M 1	D 0	Y 2008	Amount \$500.00
Full Name of Contributor Vorys Sater Seymour & Pease Advocates for Effective Government				Registration Number, if PAC OH108		
Street Address 52 East Gay St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 2008	Amount \$500.00
Full Name of Contributor CCV Action PAC				Registration Number, if PAC CP1253		
Street Address 11175 Reading Rd., Ste. 103		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Cincinnati	State OH	Zip Code 45241	M 1	D 0	Y 2008	Amount \$1,000.00
Full Name of Contributor Franklin County Republican Party - Campaign				Registration Number, if PAC		
Street Address 14 East Gay St., 2nd Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 2008	Amount \$7,000.00

* 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)]

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Name of Committee in Full Citizens for Stephanie McCloud						
Full Name of Contributor Linda P. Harvey				Registration Number, if PAC		
Street Address 2594 Sandover Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43220	M 1	D 1	Y 0 4 0 8	Amount \$100.00
Full Name of Contributor Campaign for Working Families				Registration Number, if PAC C00325076		
Street Address 2800 S. Shirlington Rd., Ste. 930		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Arlington	State VA	Zip Code 22206	M 1	D 1	Y 0 4 0 8	Amount \$1,000.00
Full Name of Contributor Thomas Shields				Registration Number, if PAC		
Street Address 122 Hart Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Beverly Farms	State MA	Zip Code 01915	M 1	D 0	Y 3 1 0 8	Amount \$96.80
Full Name of Contributor Faith Bonniwell				Registration Number, if PAC		
Street Address 5471 Riverwalk Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Kings Mills	State OH	Zip Code 45034	M 1	D 0	Y 3 1 0 8	Amount \$48.25
Full Name of Contributor Committee to Elect Phil Heimlich				Registration Number, if PAC		
Street Address 5909 Stewart Rd., Ste. 1		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Cincinnati	State OH	Zip Code 45227	M 1	D 1	Y 1 2 0 8	Amount \$250.00
Full Name of Contributor Joseph J. Platt				Registration Number, if PAC		
Street Address 4308 Hubble Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Cincinnati	State OH	Zip Code 45247	M 1	D 1	Y 1 2 0 8	Amount \$50.00
Full Name of Contributor Clint Cline				Registration Number, if PAC		
Street Address 4320 Strauss Rd.		Employer/Occupation/Labor Organization* 4Design, Inc.			Form (Cash, Check, etc.) credit card	
City Plant City	State FL	Zip Code 33566	M 1	D 1	Y 2 8 0 8	Amount \$500.00
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

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Stephanie McCloud							
To Whom Paid 316 Group				M	D	Y	Amount
				1	1	0	\$1,000.00
Address 1378 Havant Drive		Purpose October Fundraising Consulting					
City New Albany		State OH	Zip Code 43054	Check Number 1014			
To Whom Paid Stephanie McCloud				M	D	Y	Amount
				1	1	1	\$4,520.00
Address 912 Rosehill Rd.		Purpose Reimburse consulting fee and contributions to FCRP					
City Reynoldsburg		State OH	Zip Code 43068	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Stephanie McCloud				
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 5 0 8 \$385.00
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

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