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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee <i>CITIZENS FOR SOUTHWESTERN CITY SCHOOLS</i>		Registration Number, if PAC	
Full Name of Candidate <i>Issue 81</i>			
Street Address <i>4200 Hoover Rd</i>		Office Sought	District <i>Southwestern</i>
City <i>Grove City</i>		State <i>OH</i>	Zip Code <i>43123</i>
Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	Annual Year
	July Monthly	August Monthly	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	M <i>1</i> D <i>1</i> Y <i>0</i> <i>8</i>

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	\$ <i>21,972.64</i>
2. Total monetary contributions (From Form No. 31-A)	\$ <i>4,600.00</i>
3. Total other income (From Form No. 31-A-2)	\$ <i>0.00</i>
4. Total funds available (sum of lines 1, 2, 3)	\$ <i>26,572.64</i>
5. Total monetary expenditures (From Form No. 31-B)	\$ <i>8,494.75</i>
6. Balance on hand (line 4 minus line 5)	\$ <i>18,077.89</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ <i>4,108.41</i>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
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

SCOTT A. MOLINO Treasurer *Scott A. Molino* Signature *12-12-08* Date

Contribution pages 2

Expenditure pages 1

Other pages 12

Total pages 15

Not including this page

Not including this page

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Filing Year <i>Citizens For Southwestern City Schools</i>							
Full Name of Contributor <i>Frederick + Shirley Moore</i>					Registration Number, if PAC		
Street Address <i>899 Harmony Dr.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Check</i>	
City <i>Gahanna</i>	State <i>OH</i>	Zip Code <i>43230</i>	M <i>110</i>	D <i>01</i>	Y <i>08</i>	Amount <i>50 -</i>	
Full Name of Contributor <i>Plank's on Broadway</i>					Registration Number, if PAC		
Street Address <i>4022 Broadway</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Check</i>	
City <i>Grove City</i>	State <i>OH</i>	Zip Code <i>43123</i>	M <i>110</i>	D <i>15</i>	Y <i>08</i>	Amount <i>250 -</i>	
Full Name of Contributor <i>Tristar Transportation Co.</i>					Registration Number, if PAC		
Street Address <i>P.O. Box 186</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Check</i>	
City <i>Worthington</i>	State <i>OH</i>	Zip Code <i>43085</i>	M <i>110</i>	D <i>15</i>	Y <i>08</i>	Amount <i>100 -</i>	
Full Name of Contributor <i>Hayes Intermediate PTA</i>					Registration Number, if PAC		
Street Address <i>4436 Haughw Rd</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Check</i>	
City <i>Grove City</i>	State <i>OH</i>	Zip Code <i>43123</i>	M <i>110</i>	D <i>07</i>	Y <i>08</i>	Amount <i>200 -</i>	
Full Name of Contributor <i>Highland Park PTA</i>					Registration Number, if PAC		
Street Address <i>2600 Cameron St.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Check</i>	
City <i>Grove City</i>	State <i>OH</i>	Zip Code <i>43123</i>	M <i>110</i>	D <i>03</i>	Y <i>08</i>	Amount <i>100 -</i>	
Full Name of Contributor <i>Park Street Intermediate PTA</i>					Registration Number, if PAC		
Street Address <i>3205 Park St.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Check</i>	
City <i>Grove City</i>	State <i>OH</i>	Zip Code <i>43123</i>	M <i>110</i>	D <i>14</i>	Y <i>08</i>	Amount <i>300 -</i>	
Full Name of Contributor <i>OHIO Association of Public School Employees</i>					Registration Number, if PAC		
Street Address <i>6805 Oak Creek Dr</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Check</i>	
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43229</i>	M <i>110</i>	D <i>14</i>	Y <i>08</i>	Amount <i>1500 -</i>	
Full Name of Contributor <i>OHIO Association of Public School Employees</i>					Registration Number, if PAC		
Street Address <i>6805 Oak Creek Dr</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>In-Kind</i>	
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43229</i>	M <i>110</i>	D <i>14</i>	Y <i>08</i>	Amount <i>361.17</i>	

* 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)]

Check + In-Kind = Total 2861.17

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee In Fi <i>Citizens For Southwestern City Schools</i>									
Full Name of Contributor <i>Harrisburg PTA</i>						Registration Number, if PAC			
Street Address <i>1082 School St</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>Check</i>		
City <i>Harrisburg</i>		State <i>OH</i>	Zip Code <i>43126</i>		M <i>110</i>	D <i>22</i>	Y <i>08</i>	Amount <i>100-</i>	
Full Name of Contributor <i>SHP Leading Design</i>						Registration Number, if PAC			
Street Address <i>4805 Montgomery Rd Ste 400</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>Check</i>		
City <i>Cincinnati</i>		State <i>OH</i>	Zip Code <i>45212</i>		M <i>110</i>	D <i>23</i>	Y <i>08</i>	Amount <i>1000-</i>	
Full Name of Contributor <i>Diane + Mark Mankins</i>						Registration Number, if PAC			
Street Address <i>85 Freeway dr SW</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>Check</i>		
City <i>Reynoldsburg</i>		State <i>OH</i>	Zip Code <i>43068</i>		M <i>110</i>	D <i>10</i>	Y <i>08</i>	Amount <i>200-</i>	
Full Name of Contributor <i>Hubert Watson + Carla Smith - Watson</i>						Registration Number, if PAC			
Street Address <i>6108 Hedge Ave</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>Check</i>		
City <i>Cincinnati</i>		State <i>OH</i>	Zip Code <i>45213</i>		M <i>111</i>	D <i>03</i>	Y <i>08</i>	Amount <i>200-</i>	
Full Name of Contributor <i>BrookPark Middle School PTA</i>						Registration Number, if PAC			
Street Address <i>2803 Southwest Blvd</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>Check</i>		
City <i>Grove City</i>		State <i>OH</i>	Zip Code <i>43123</i>		M <i>110</i>	D <i>31</i>	Y <i>08</i>	Amount <i>100-</i>	
Full Name of Contributor <i>OHIO Health</i>						Registration Number, if PAC			
Street Address <i>PO Box 9</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>Check</i>		
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43216</i>		M <i>110</i>	D <i>31</i>	Y <i>08</i>	Amount <i>500-</i>	
Full Name of Contributor <i>OHIO Association of Public School Employees</i>						Registration Number, if PAC			
Street Address <i>6805 Oak Creek Dr.</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>In-kind</i>		
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43229</i>		M <i>112</i>	D <i>04</i>	Y <i>08</i>	Amount <i>1930.24</i>	
Full Name of Contributor <i>MOLINO Insurance Agency</i>						Registration Number, if PAC			
Street Address <i>4200 Hoover Rd Ste A</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>In-kind</i>		
City <i>Grove City</i>		State <i>OH</i>	Zip Code <i>43123</i>		M <i>112</i>	D <i>10</i>	Y <i>08</i>	Amount <i>1817-</i>	

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Checks + In-kind ⇒ Total 5847.24



Home Office:
One Nationwide Plaza
Columbus, OH 43215 - 2220

On Your Side®

In-Kind Contribution from Molino & Associates, Inc.

As treasurer for Issue 81, we committed 42 hours at a rate of \$43.26 per hour for a total of \$1,817.00

Submitted by Scott A. Molino

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Ft <i>Citizens For Southwestern City Schools</i>												
To Whom Paid <i>George Lehner</i>						M	D	Y	Amount			
Address <i>4188 Eagle Head Drive</i>						<i>1</i>	<i>0</i>	<i>2</i>	<i>7</i>	<i>0</i>	<i>8</i>	<i>400-</i>
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43230</i>		Check Number <i>826</i>						
To Whom Paid <i>Columbus Messenger Company</i>						M	D	Y	Amount			
Address <i>3500 Sullivant Ave</i>						<i>1</i>	<i>0</i>	<i>2</i>	<i>7</i>	<i>0</i>	<i>8</i>	<i>2063.60</i>
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43204</i>		Check Number <i>825</i>						
To Whom Paid <i>Franklin Communications, Inc.</i>						M	D	Y	Amount			
Address <i>4401 Carriage Hill Lane</i>						<i>1</i>	<i>0</i>	<i>2</i>	<i>4</i>	<i>0</i>	<i>8</i>	<i>4260-</i>
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43220</i>		Check Number <i>824</i>						
To Whom Paid <i>US Post Office</i>						M	D	Y	Amount			
Address <i>Grove City Finance</i>						<i>1</i>	<i>0</i>	<i>2</i>	<i>8</i>	<i>0</i>	<i>8</i>	<i>94.50</i>
City <i>Grove City</i>		State <i>OH</i>		Zip Code <i>43123</i>		Check Number <i>827</i>						
To Whom Paid <i>Columbus Messenger Company</i>						M	D	Y	Amount			
Address <i>3500 Sullivant Ave</i>						<i>1</i>	<i>0</i>	<i>3</i>	<i>10</i>	<i>0</i>	<i>8</i>	<i>1555.60</i>
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43204</i>		Check Number <i>828</i>						
To Whom Paid <i>Mary Mulvany</i>						M	D	Y	Amount			
Address <i>4739 Hunting Creek</i>						<i>1</i>	<i>1</i>	<i>13</i>	<i>0</i>	<i>8</i>	<i>121.05</i>	
City <i>Grove City</i>		State <i>OH</i>		Zip Code <i>43123</i>		Check Number <i>829</i>						
To Whom Paid						M	D	Y	Amount			
Address												
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address												
City		State		Zip Code		Check Number						