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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Whitehall Schools Levy Committee							Registration Number, if PAC		
Full Name of Candidate									
Street Address 625 S. Yearling Rd.					Office Sought			District	
City Whitehall					State O H		Zip Code 43213		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		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 1 1	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	\$ 7,972.43
2. Total monetary contributions (From Form No. 31-A)	\$ 1,452.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 9,424.43
5. Total monetary expenditures (From Form No. 31-B)	\$ 9,424.43
6. Balance on hand (line 4 minus line 5)	\$ 0.00
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)	\$ 160.00
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

Brent L Howard, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

12/01/2008

Contribution pages 2

Expenditure pages 3

Other pages 3

Total pages 9

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Whitehall Schools Levy Committee							
Full Name of Contributor Zimmerman School Equipment, Inc.					Registration Number, if PAC		
Street Address P.O. Box 209		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 1 0	D 2 8	Y 0 8	Amount 500.00	
Full Name of Contributor Berta Johnson					Registration Number, if PAC		
Street Address 2778 Bryden Rd		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 1 0	D 2 8	Y 0 8	Amount 90.00	
Full Name of Contributor Robert D. Schmidt					Registration Number, if PAC		
Street Address 4975 Quail Hollow Ln		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Waldo	State O H	Zip Code 43356	M 1 0	D 2 8	Y 0 8	Amount 100.00	
Full Name of Contributor Dave and Roberta Hegemann					Registration Number, if PAC		
Street Address 772 Ross Rd		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash		
City Whitehall	State O H	Zip Code 43213	M 1 0	D 2 8	Y 0 8	Amount 20.00	
Full Name of Contributor Walter and Jean Armes					Registration Number, if PAC		
Street Address 4010 Etna Rd		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash		
City Whitehall	State O H	Zip Code 43213	M 1 0	D 2 8	Y 0 8	Amount 14.00	
Full Name of Contributor Mark Trace					Registration Number, if PAC		
Street Address 385 Briarwood Dr		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash		
City Whitehall	State O H	Zip Code 43213	M 1 0	D 2 8	Y 0 8	Amount 7.00	
Full Name of Contributor Schorr Architects, Inc.					Registration Number, if PAC		
Street Address 230 Brandenton Ave		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash		
City Dublin	State O H	Zip Code 43017	M 1 0	D 2 8	Y 0 8	Amount 21.00	
Full Name of Contributor Susan Smith					Registration Number, if PAC		
Street Address 434 Briarwood Dr		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash		
City Whitehall	State O H	Zip Code 43213	M 1 0	D 2 8	Y 0 8	Amount 15.00	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Whitehall Schools Levy Committee							
Full Name of Contributor Amy Back					Registration Number, if PAC		
Street Address 5111 Cherryblossom Way			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 1 1	D 0 8	Y 0 8	Amount 20.00	
Full Name of Contributor Katie Windham					Registration Number, if PAC		
Street Address 6097 Brienne Ct			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 1 1	D 0 8	Y 0 8	Amount 25.00	
Full Name of Contributor Margaret Bush					Registration Number, if PAC		
Street Address 2831 Medina Ave			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43224	M 1 1	D 0 8	Y 0 8	Amount 50.00	
Full Name of Contributor Sara Levitt					Registration Number, if PAC		
Street Address 381 Preswicke MI			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Blacklick	State O H	Zip Code 43004	M 1 1	D 0 8	Y 0 8	Amount 50.00	
Full Name of Contributor Peggy Geyer					Registration Number, if PAC		
Street Address 675 S. Yearling Rd			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash	
City Whitehall	State O H	Zip Code 43213	M 1 1	D 0 8	Y 0 8	Amount 20.00	
Full Name of Contributor Contributions from form No. 31-E					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 520.00	
			1 0	2 9	0 8		
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	

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Whitehall Schools Levy Committee												
To Whom Paid						M	D	Y	Amount			
First Impressions Printing						1	0	2	8	0	8	775.01
Address			Purpose									
195 S. Hamilton Rd.			Brochure									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	152462								
To Whom Paid						M	D	Y	Amount			
Brent L. Howard						1	0	2	8	0	8	207.66
Address			Purpose									
348 Cumberland Dr.			Its Our Turn Buttons									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	152464								
To Whom Paid						M	D	Y	Amount			
Cool Cat Sites Inc						1	0	2	8	0	8	250.00
Address			Purpose									
4515 Raccoon Dr			Obstacle Course Rental (Rally)									
City		State	Zip Code	Check Number								
Gahanna		O H	43230	152463/Split								
To Whom Paid						M	D	Y	Amount			
Brent L. Howard						1	1	0	8	0	8	1,925.08
Address			Purpose									
348 Cumberland Dr.			SNP Advertising									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	152585								
To Whom Paid						M	D	Y	Amount			
First Impressions Printing						1	1	0	8	0	8	445.41
Address			Purpose									
195 S. Hamilton Rd.			Postcards									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	152584								
To Whom Paid						M	D	Y	Amount			
Kim Maggard						1	0	2	8	0	8	43.08
Address			Purpose									
600 Link Rd			T-Shirts									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	152461								
To Whom Paid						M	D	Y	Amount			
Kim Maggard						1	1	0	8	0	8	10.00
Address			Purpose									
600 Link Rd			T-Shirts									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	152586								
To Whom Paid						M	D	Y	Amount			
Whitehall City Schools						1	1	0	8	0	8	13.50
Address			Purpose									
625 S. Yearling Rd			Paper									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	152578								

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Whitehall Schools Levy Committee												
To Whom Paid						M	D	Y	Amount			
Kim Maggard						1	1	0	8	0	8	1,107.00
Address			Purpose									
600 Link Rd			Postage									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	152579								
To Whom Paid						M	D	Y	Amount			
Dave Hagemann						1	1	0	8	0	8	49.40
Address			Purpose									
772 Ross Rd			Balloons									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	152581								
To Whom Paid						M	D	Y	Amount			
Susie Carr						1	1	0	8	0	8	11.61
Address			Purpose									
625 S. Yearling Rd			Postage									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	152582								
To Whom Paid						M	D	Y	Amount			
Kim Maggard						1	1	0	8	0	8	980.15
Address			Purpose									
600 Link Rd			Dialer Minutes									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	152583								
To Whom Paid						M	D	Y	Amount			
Kim Maggard						1	1	0	8	0	8	129.29
Address			Purpose									
600 Link Rd			Refreshments-Election Results Party									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	152580								
To Whom Paid						M	D	Y	Amount			
Whitehall Credit Union						1	1	0	8	0	8	39.00
Address			Purpose									
5025 E. Main St.			Bank Fees									
City		State	Zip Code	Check Number								
Whitehall		O H	43213	Debit								
To Whom Paid						M	D	Y	Amount			
SEIU Phone LLC						1	1	2	8	0	8	423.82
Address			Purpose									
1395 Dublin Rd			Robocalling									
City		State	Zip Code	Check Number								
Columbus		O H	43215	152676								
To Whom Paid						M	D	Y	Amount			
Expenditures from 31-F						1	1	0	8	0	8	961.00
Address			Purpose									
City		State	Zip Code	Check Number								

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Whitehall Schools Levy Committee										
To Whom Paid Whitehall Education Foundation						M	D	Y	Amount 2,053.42	
Address 625 S. Yearling Rd.						Purpose Donation				
City Whitehall			State O	H	Zip Code 43213	Check Number 152677				
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				
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City			State		Zip Code	Check Number				

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Whitehall Schools Levy Committee							
Full Name of Contributor Contributors of \$25.00 or Less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	808
				Form(Cash,Check,etc)		520.00	
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ <u>520.00</u>

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
Whitehall City Schools Levy Committee							
To Whom Paid				M	D	Y	Amount
Brent L. Howard				1	1	0	961.00
Address		Purpose					
348 Cumberland Dr.		Endorsement Ad					
City		State	Zip Code	Check Number			
Whitehall		O H	43213	152585/Split			
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			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

