

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05 08 DEC -9 PM 12:47

Full Name of Committee CITIZENS FOR WESTERVILLE		FRANKLIN COUNTY BOARD OF ELECTIONS		Registration Number, if PAC	
Full Name of Candidate					
Street Address 571 CATAWBA AVE			Office Sought		District
City WESTERVILLE			State OH	Zip Code 43081	
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 type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election 11 04 08	

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(II) for details.

1. Amount brought forward from last report	\$	14,279	73
2. Total monetary contributions (From Form No. 31-A) <i>(PAGE 2)</i>	\$	2,200	00
3. Total other income (From Form No. 31-A-2) <i>(PAGE 3)</i>	\$	2,675	00
4. Total funds available (sum of lines 1, 2, 3)	\$	19,154.	73
5. Total monetary expenditures (From Form No. 31-B) <i>(PAGES 4 AND 5)</i>	\$	18,145	64
6. Balance on hand (line 4 minus line 5)	\$	1,009	09
7. Value of in-kind contributions received (From Form No. 31-J-1) <i>(PAGE 6)</i>	\$	1,165	58
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C) <i>(PAGE 7)</i>	\$	2,675	00
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.

J. MIKAL TOWNSLEY
Print Name and Title (Treasurer and Deputy Treasurer only)

J. Mikal Townsley
Signature

12/8/08
Date

Contribution pages 1

Expenditure pages 2

Other pages 4

Total pages 7

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR WESTERVILLE									
Full Name of Contributor STANTEC CONSULTING INC							Registration Number, if PAC		
Street Address 1500 LAKESHORE DR STE 100				Employer/Occupation/Labor Organization CONSULTING ENGINEERS			Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43024		M D Y 10 20 08		Amount 500.00	
Full Name of Contributor FRATERNAL ORDER OF POLICE POLITICAL EDUCATION FUND							Registration Number, if PAC		
Street Address 6800 SCHROCK HILL CT				Employer/Occupation/Labor Organization LABOR UNION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43229		M D Y 10 21 08		Amount 500.00	
Full Name of Contributor J. MIRAL TOWNSLEY							Registration Number, if PAC		
Street Address 571 CATAWBA AVE				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State OH		Zip Code 43081-2660		M D Y 10 22 08		Amount 200.00	
Full Name of Contributor THE PIZZUTI COMPANIES							Registration Number, if PAC		
Street Address TWO MIRANOVA PLACE, STE 200				Employer/Occupation/Labor Organization DEVELOPER			Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43215		M D Y 11 01 08		Amount 500.00	
Full Name of Contributor GEORGE A. GUMMER							Registration Number, if PAC		
Street Address 7076 SANDIMARK PL				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State OH		Zip Code 43081-9507		M D Y 11 01 08		Amount 250.00	
Full Name of Contributor NEW ALBANY CAPITAL PARTNERS LLC							Registration Number, if PAC		
Street Address 4200 REGENT ST, 2ND FLOOR				Employer/Occupation/Labor Organization FINANCIAL CONSULTANT			Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43219-6229		M D Y 11 08 08		Amount 250.00	
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	
		OH							
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	
		OH							

10/21
500
10/22
500

2200

* 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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR WESTERVILLE					
Full Name BRUCE E. BAILEY				Registration Number, if PAC	
Address 1078 DENMAN CT		Type* LN	M 10	D 28	Y 08
City WESTERVILLE		State OH	Zip Code 43081		Amount 2,675.00
Form (Cash, Check, etc.) CHECK					
Registration Number, if PAC					
Full Name					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Registration Number, if PAC					
Full Name					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Registration Number, if PAC					
Full Name					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Registration Number, if PAC					
Full Name					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Registration Number, if PAC					
Full Name					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Registration Number, if PAC					
Full Name					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Registration Number, if PAC					
Full Name					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Registration Number, if PAC					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
CITIZENS FOR WESTERVILLE										
To Whom Paid							M	D	Y	Amount
DIANE FOSSELMAY							10	20	08	359.78
Address				Purpose						
1260 AUTUMN PARK CT				CAMPAIGN LITERATURE, ENVELOPES, POSTAGE, ETC						
City			State	Zip Code		Check Number				
WESTERVILLE			OH	43081		1031				
To Whom Paid							M	D	Y	Amount
YES PRESS GRAPHICS LLC							10	20	08	851.36
Address				Purpose						
515 S. STATE ST				20,000 ISSUE 54 FLYERS						
City			State	Zip Code		Check Number				
WESTERVILLE			OH	43081		1032				
To Whom Paid							M	D	Y	Amount
SUBURBAN NEWS PUBLICATIONS							10	23	08	1,909.28
Address				Purpose						
5257 SINCLAIR RD				10/23-10/30 ADVERTISEMENTS						
City			State	Zip Code		Check Number				
COLUMBUS			OH	43229		1033				
To Whom Paid							M	D	Y	Amount
JIM WHITNEY, DBA COMPUTER PARTNERS UNLIMITED							10	30	08	500.00
Address				Purpose						
5741 BLENDON PL. DR.				WEB SITE DEVELOPMENT						
City			State	Zip Code		Check Number				
GAHANNA			OH	43230		1035				
To Whom Paid							M	D	Y	Amount
YES PRESS GRAPHICS LLC							11	04	08	1,389.03
Address				Purpose						
515 S. STATE ST				17,400 ISSUE 54 FLYERS						
City			State	Zip Code		Check Number				
WESTERVILLE			OH	43081		1036				
To Whom Paid							M	D	Y	Amount
SCOTT Mc AFEE							11	04	08	66.95
Address				Purpose						
1367 NUTMEG CT				ELECTION NIGHT REFRESHMENTS						
City			State	Zip Code		Check Number				
WESTERVILLE			OH	43081		1037				
To Whom Paid							M	D	Y	Amount
THE DISPATCH PRINTING COMPANY							11	14	08	(150.00)
Address				Purpose						
34 SOUTH THIRD ST				REFUND FOR OVERPAYMENT						
City			State	Zip Code		Check Number				
COLUMBUS			OH	43215		400500813				
To Whom Paid							M	D	Y	Amount
PATRIOT SIGNAGE, INC							11	18	08	150.00
Address				Purpose						
1001 SECOND AVE				ISSUE 54 SIGNS						
City			State	Zip Code		Check Number				
DAYTON			KY	41074		1038				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
CITIZENS FOR WESTERVILLE						
To Whom Paid			M	D	Y	Amount
ROBIN ENTERPRISES			10	16	08	10,444.06
Address		Purpose				
111 N. OTTERBEIN AVE						
City	State	Zip Code	Check Number			
WESTERVILLE	OH	43081	1030			
To Whom Paid			M	D	Y	Amount
ROBIN ENTERPRISES			10	28	08	1,900.00
Address		Purpose				
111 N. OTTERBEIN AVE		ISSUE 54 FOLDED MAILER				
City	State	Zip Code	Check Number			
WESTERVILLE	OH	43081	1034			
To Whom Paid			M	D	Y	Amount
OCHSENDORF PROMOTIONS			11	23	08	415.26
Address		Purpose				
794 MORRISON RD		5000 ISSUE 54 LABELS				
City	State	Zip Code	Check Number			
COLUMBUS	OH	43230	1039			
To Whom Paid			M	D	Y	Amount
ROBIN ENTERPRISES			11	23	08	183.92
Address		Purpose				
111 N. OTTERBEIN AVE		BALANCE - MAILINGS # 1 AND #2 - POSTCARDS				
City	State	Zip Code	Check Number			
WESTERVILLE	OH	43081	1040			
To Whom Paid			M	D	Y	Amount
DIANE FOSSELMAN			12	25	08	126.00
Address		Purpose				
1260 AUTUMN PARK CT		POSTAGE				
City	State	Zip Code	Check Number			
WESTERVILLE	OH	43081	1041			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
	OH					

\$ 13,069.24
Page Total

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR WESTERVILLE			
Full Name of Contributor GRIFFIN COMMUNICATIONS		Employer, Occupation, Labor Organization* PUBLIC RELATIONS	
Street Address 1965 LAKESHORE DR		Description of Item or Service 2500 ISSUE 54 CARDS	
City COLUMBUS		State OH	Zip Code 43204
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value 388.08
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor GRIFFIN COMMUNICATIONS		Employer, Occupation, Labor Organization* PUBLIC RELATIONS	
Street Address 1965 LAKESHORE DR		Description of Item or Service ROBIN ENT. ISSUE 54 MAILER	
City COLUMBUS		State OH	Zip Code 43204
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value 777.50
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	

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Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee CITIZENS FOR WESTERVILLE															
From Whom Received BRUCE E. BAILEY								Prior Amount - 0 -		Amt. Incurred this Period					
Address 1078 DENMAN CT										Outstanding Balance					
City WESTERVILLE		State OH		Zip Code 43081			Loans Received This Period			Payments This Period					
							Date		Amount	Date		Amount			
Date Loan was originally Incurred		M		D	Y	M	D	Y	\$	M	D	Y	\$		
		10		28	08	10	28	08	2,675.00				NONE		
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		State		Zip Code			Loans Received This Period			Payments This Period					
		OH					Date		Amount	Date		Amount			
Date Loan was originally Incurred		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		State		Zip Code			Loans Received This Period			Payments This Period					
		OH					Date		Amount	Date		Amount			
Date Loan was originally Incurred		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

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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).

- ¹ Total prior amount \$ \$ - 0 -
- ² Total received this period \$ \$ 2,675.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ \$ - 0 - (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ \$ 2,675.00 (To Form No. 30-A)