

FILED

Ohio Campaign Finance Report

OCT 22 PM 2:30

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY

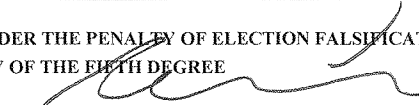
Full Name of Committee Citizens Against Rezoning Tremont							BOA Registration Number, if RACS		
Full Name of Candidate									
Street Address 1585 Pemberton Dr.					Office Sought		District		
City Upper Arlington					State OH		Zip Code 43221		
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input checked="" type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	Annual Year
	<input type="checkbox"/>	July	<input type="checkbox"/>	August	<input type="checkbox"/>	September	<input type="checkbox"/>	Termination	Semiannual
<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Termination		
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	D	Y	
						1	1	0	4 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	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	4,095.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	4,095.00
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	4,095.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	162.54
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)	\$	2,580.29
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	1,030.00
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	\$	0.00

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

Renee Merullo Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)


Signature

10/21/08
Date

Contribution pages 4

Expenditure pages 0

Other pages 2

Total pages 6

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens Against Rezoning Tremont							
Full Name of Contributor L. Martin Cordero						Registration Number, if PAC	
Street Address 1565 London Dr.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check	
City Upper Arlington		State OH	Zip Code 43221	M 0	D 9	Y 2	Amount \$1,000.00
Full Name of Contributor Anne M. Brusadin						Registration Number, if PAC	
Street Address 1615 Trentwood Rd.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check	
City Upper Arlington		State OH	Zip Code 43221	M 0	D 9	Y 2	Amount \$50.00
Full Name of Contributor Margaret C. Lockwood						Registration Number, if PAC	
Street Address 1593 Pemberton Dr.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check	
City Upper Arlington		State OH	Zip Code 43221	M 0	D 9	Y 2	Amount \$200.00
Full Name of Contributor Margaret A. Taylor						Registration Number, if PAC	
Street Address 1580 Pemberton Dr.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check	
City Upper Arlington		State OH	Zip Code 43221	M 0	D 9	Y 8	Amount \$50.00
Full Name of Contributor Peter A. Steva						Registration Number, if PAC	
Street Address 3364 Abbey Road			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check	
City Upper Arlington		State OH	Zip Code 43221	M 0	D 9	Y 2	Amount \$300.00
Full Name of Contributor Nancy N. Kincaid						Registration Number, if PAC	
Street Address 1432 Friar Lane			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check	
City Upper Arlington		State OH	Zip Code 43221	M 0	D 3	Y 3	Amount \$20.00
Full Name of Contributor John J. Dilenschneider						Registration Number, if PAC	
Street Address 1290 London Dr.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check	
City Upper Arlington		State OH	Zip Code 43221	M 1	D 0	Y 0	Amount \$200.00
Full Name of Contributor Charles Dilenschneider						Registration Number, if PAC	
Street Address 1221 London Dr.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check	
City Upper Arlington		State OH	Zip Code 43221	M 1	D 0	Y 0	Amount \$100.00

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Citizens Against Rezoning Tremont									
Full Name of Contributor Peter A. Steva							Registration Number, if PAC		
Street Address 3364 Abbey Road				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check		
City Upper Arlington		State OH	Zip Code 43221		M 1	D 0	Y 0	Amount \$200.00	Y 8
Full Name of Contributor Christopher J. Wharton							Registration Number, if PAC		
Street Address 1427 London Dr.				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check		
City Upper Arlington		State OH	Zip Code 43221		M 1	D 0	Y 0	Amount \$50.00	Y 8
Full Name of Contributor Stephanie S. Williams							Registration Number, if PAC		
Street Address 1427 London Dr.				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check		
City Upper Arlington		State OH	Zip Code 43221		M 1	D 0	Y 0	Amount \$50.00	Y 8
Full Name of Contributor Fortunato P. Merullo							Registration Number, if PAC		
Street Address 1580 Pemberton Dr.				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check		
City Upper Arlington		State OH	Zip Code 43221		M 1	D 0	Y 0	Amount \$1,000.00	Y 8
Full Name of Contributor Susan Kerr Gibson							Registration Number, if PAC		
Street Address 1974 Wyandotte Rd.				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) CHECK		
City Upper Arlington		State OH	Zip Code 43212		M 1	D 0	Y 1	Amount \$100.00	Y 2
Full Name of Contributor Elena Osterwalder Bonny							Registration Number, if PAC		
Street Address 1410 Friar Lane				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check		
City Upper Arlington		State OH	Zip Code 43221		M 1	D 0	Y 1	Amount \$25.00	Y 3
Full Name of Contributor Michael S. Bonny							Registration Number, if PAC		
Street Address 1410 Friar Lane				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check		
City Upper Arlington		State OH	Zip Code 43221		M 1	D 0	Y 1	Amount \$25.00	Y 1
Full Name of Contributor Thomas R. Brownlee, Jr.							Registration Number, if PAC		
Street Address 3360 Westbury Dr.				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) check		
City Upper Arlington		State OH	Zip Code 43221		M 1	D 0	Y 1	Amount \$200.00	Y 4

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Statement of Contributions Received

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Name of Committee in Full Citizens Against Rezoning Tremont										
Full Name of Contributor June E. Stiefel						Registration Number, if PAC				
Street Address 1491 London Dr.			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check			
City Upper Arlington		State OH	Zip Code 43221		M 1	D 0	Y 13	Y 0	Y 8	Amount \$25.00
Full Name of Contributor Daniel M. Schafer						Registration Number, if PAC				
Street Address 3404 Sunningdale Way			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check			
City Upper Arlington		State OH	Zip Code 43221		M 1	D 0	Y 20	Y 0	Y 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	Y	Y	Amount
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	Y	Y	Amount
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	Y	Y	Amount
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	Y	Y	Amount
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	Y	Y	Amount
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	Y	Y	Amount
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	Y	Y	Amount

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Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens Against Rezoning Tremont														
From Whom Received Renee Merullo										Prior Amount 0.00		Amt. Incurred this Period 2,580.29		
Address 1585 Pemberton Dr.										Outstanding Balance 2,580.29				
City Upper Arlington		State OH	Zip Code 43221			Loans Received This Period				Payments This Period				
						Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	2580.29	M	D	Y	\$	0.00
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				
						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				
						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		

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 2,580.29 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 2,580.29 (To Form No. 30-A)

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens Against Rezoning Tremont			
Full Name of Contributor Fortunato P. Merullo		Employer, Occupation, Labor Organization *	
Street Address 1585 Pemberton Dr.		Description of Item or Service Postage	
City Upper Arlington		Registration Number, if PAC	
State OH		M D Y Fair Market Value 1 0 0 6 0 8 162.54	
Zip Code 43221		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Zip Code			
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Zip Code			
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Zip Code			
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Zip Code			
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Zip Code			
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Zip Code			
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M D Y Fair Market Value	
State		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Zip Code			

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Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Citizens Against Rezoning Tremont										
To Whom Owed Susan Kerr Gibson					Prior Amount 0.00			Amt. Incurred this Period 980.00		
Address 1974 Wyandotte Road					Item or Purpose for Debt signs			Outstanding Balance 980.00		
City Upper Arlington			State O H	Zip Code 43212		Payments Made This Period				
					Date		Amount			
Date Debt was originally Incurred					M	D	Y	\$		
					1	0	1	5	0	8
Registration Number, if PAC					M	D	Y			
					M	D	Y			
To Whom Owed Pasquale Merullo					Prior Amount 0.00			Amt. Incurred this Period 50.00		
Address 3057 Avalon Rd.					Item or Purpose for Debt roster list			Outstanding Balance 50.00		
City Upper Arlington			State O H	Zip Code 43221		Payments Made This Period				
					Date		Amount			
Date Debt was originally Incurred					M	D	Y	\$		
					1	0	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 for Debt			Outstanding Balance		
City			State	Zip Code		Payments Made This Period				
					Date		Amount			
Date Debt was originally Incurred					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 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 \$ 1,030.00 (also record on cover page)