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08 OCT 23 11 31 AM
Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee <i>Friends of Dr. Jan Gavvink</i>						Registration Number, if PAC	
Full Name of Candidate <i>Dr. Jan Gavvink</i>							
Street Address <i>7374 Claddagh Lane</i>				Office Sought <i>Franklin County Council</i>		District	
City <i>Dublin</i>				State <i>OH</i>		Zip Code <i>43016</i>	
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	<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 <i>11/04/08</i>		M <i>1</i> D <i>1</i> Y <i>0408</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 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	\$	<i>1772</i>	<i>30</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>16,968</i>	<i>00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>0</i>	<i>00</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>18,740</i>	<i>30</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>13,115</i>	<i>10</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>5625</i>	<i>20</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	—	—
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.

Randy Gavvink, Treasurer *Randy Gavvink* *10/23/08*
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 13

Expenditure pages 5

Other pages 5

Total pages 23

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Dr. Tom Coswink</i>		Registration Number, if PAC	
Full Name of Contributor <i>Derrick R. Clay</i>		Employer/Occupation/Labor Organization*	
Street Address <i>7717 Early Meadows Rd.</i>		Form (Cash, Check, etc.) <i>check</i>	
City <i>Westerville</i>	State <i>OH</i>	Zip Code <i>43082</i>	M D Y <i>10 01 08</i> Amount <i>50.00</i>
Full Name of Contributor <i>Edward B. Hogan</i>		Registration Number, if PAC	
Street Address <i>2727 Mitei Dr.</i>		Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.) <i>check</i>		Amount	
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43209</i>	M D Y <i>10 02 08</i> Amount <i>50.00</i>
Full Name of Contributor <i>Michael J. Wihl</i>		Registration Number, if PAC	
Street Address <i>2325 Haedesty Dr N</i>		Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.) <i>check</i>		Amount	
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43204</i>	M D Y <i>10 02 08</i> Amount <i>50.00</i>
Full Name of Contributor <i>Edward M. Dunlap</i>		Registration Number, if PAC	
Street Address <i>202 E. Corro Ave</i>		Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.) <i>check</i>		Amount	
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43202</i>	M D Y <i>10 08 08</i> Amount <i>25.00</i>
Full Name of Contributor <i>Larry Price</i>		Registration Number, if PAC	
Street Address <i>1587 Franklin Park S</i>		Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.) <i>check</i>		Amount	
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43205</i>	M D Y <i>10 13 08</i> Amount <i>100.00</i>
Full Name of Contributor <i>Patsy Ann Thomas</i>		Registration Number, if PAC	
Street Address <i>5089 Plum Orchard Dr</i>		Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.) <i>check</i>		Amount	
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43213</i>	M D Y <i>10 13 08</i> Amount <i>50.00</i>
Full Name of Contributor <i>Contributions from Form No. 31-E*</i>		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.) <i>check</i>		Amount	
City	State <i>OH</i>	Zip Code	M D Y <i>10 13 08</i> Amount <i>100.00</i>
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
Form (Cash, Check, etc.)		Amount	
City	State <i>OH</i>	Zip Code	M D Y

* 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid						M	D	Y	Amount	
Friends of Dr. Jan Gernink										
Go DADDY.com						03	11	17	10.19	
Address				Purpose						
				Website address						
City		State		Zip Code		Check Number				
						Debit				
To Whom Paid						M	D	Y	Amount	
Go DADDY.com						03	17	08	48.89	
Address				Purpose						
				Website						
City		State		Zip Code		Check Number				
						Debit				
To Whom Paid						M	D	Y	Amount	
Made U Look						03	14	08	533.75	
Address				Purpose						
6510 Prosperitas Rd.				Palm Cards						
City		State		Zip Code		Check Number				
Washington		OH		43085		Debit				
To Whom Paid						M	D	Y	Amount	
Westcomm						04	01	08	95.00	
Address				Purpose						
4560 State Rd. Suite C				Palm Card Proof						
City		State		Zip Code		Check Number				
Cleveland		OH		44109		Debit				
To Whom Paid						M	D	Y	Amount	
Expenditures From Form 31-F"						04	01	08	1500.00	
Address				Purpose						
City		State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount	
Office Max						04	03	08	57.61	
Address				Purpose						
Grandma Shopping				Envelopes + Paper						
City		State		Zip Code		Check Number				
Columbus		OH		43214		Debit				
To Whom Paid						M	D	Y	Amount	
Office Max						04	05	08	103.07	
Address				Purpose						
3826 Morse Rd				Ink + Paper						
City		State		Zip Code		Check Number				
Columbus		OH		43219		Debit				
To Whom Paid						M	D	Y	Amount	
Washington Finance Branch						04	07	08	36.90	
Address				Purpose						
597 High St.				Postage						
City		State		Zip Code		Check Number				
Washington		OH		43085		Debit				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid						M	D	Y	Amount	
Friends of Dr. Jan Cueniak						0	4	0	8	101.38
Address		Purpose								
Office MAX		Supplies								
City		State		Zip Code		Check Number				
Columbus		OH		43214		Debit				
To Whom Paid						M	D	Y	Amount	
Deluxe Business Checks						0	4	2	3	63.43
Address		Purpose								
P.O. Box 1180		Checks								
City		State		Zip Code		Check Number				
Lancaster		CA		9593534		Debit				
To Whom Paid						M	D	Y	Amount	
Questcomm						0	4	2	4	257.64
Address		Purpose								
4500 State Rd. Suite C		Palm Cards								
City		State		Zip Code		Check Number				
Cleveland		OH		44109						
To Whom Paid						M	D	Y	Amount	
CVS Pharmacy						0	6	0	7	24.60
Address		Purpose								
5445 N. High St		STAMPS								
City		State		Zip Code		Check Number				
Columbus		OH		43215		Debit				
To Whom Paid						M	D	Y	Amount	
Kroger						0	6	0	7	58.80
Address		Purpose								
7025 Sawmill Rd		STAMPS								
City		State		Zip Code		Check Number				
Dublin		OH		43016		Debit				
To Whom Paid						M	D	Y	Amount	
Brain Tests						0	4	2	4	300.00
Address		Purpose								
1163 Eastfield Rd.		Website Design								
City		State		Zip Code		Check Number				
Washington		OH		43085		Debit				
To Whom Paid						M	D	Y	Amount	
SMK Advertising						0	6	0	6	521.20
Address		Purpose								
116 Parsons Ave		shirts								
City		State		Zip Code		Check Number				
Columbus		OH		43215		1001				
To Whom Paid						M	D	Y	Amount	
Kroger						0	6	0	7	58.20
Address		Purpose								
7025 Sawmill Rd		Postage								
City		State		Zip Code		Check Number				
Dublin		OH		43016		Debit				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
<i>Friends of De Jan Curwink</i>							
To Whom Paid		M	D	Y	Amount		
<i>GF3 Marketplace</i>		<i>0</i>	<i>7</i>	<i>03</i>	<i>08</i>	<i>59.61</i>	
Address		Purpose					
<i>3901 Dublin/Cornville Rd</i>		<i>Parent Candy</i>					
City	State	Zip Code		Check Number			
<i>Dublin</i>	<i>OH</i>	<i>43017</i>		<i>Debit</i>			
To Whom Paid		M	D	Y	Amount		
<i>FCDP</i>		<i>0</i>	<i>7</i>	<i>03</i>	<i>08</i>	<i>50.00</i>	
Address		Purpose					
<i>271 East State St.</i>		<i>Booth Rental</i>					
City	State	Zip Code		Check Number			
<i>Columbus</i>	<i>OH</i>	<i>43215</i>		<i>1005</i>			
To Whom Paid		M	D	Y	Amount		
<i>3MK Advertising</i>		<i>0</i>	<i>6</i>	<i>19</i>	<i>08</i>	<i>30.21</i>	
Address		Purpose					
<i>116 Parsons Ave</i>		<i>Shirts</i>					
City	State	Zip Code		Check Number			
<i>Columbus</i>	<i>OH</i>	<i>43215</i>		<i>1003</i>			
To Whom Paid		M	D	Y	Amount		
<i>Tactical Edge</i>		<i>0</i>	<i>6</i>	<i>18</i>	<i>08</i>	<i>1520.00</i>	
Address		Purpose					
<i>929 Harrison Ave</i>		<i>Stationery</i>					
City	State	Zip Code		Check Number			
<i>Columbus</i>	<i>OH</i>	<i>43215</i>		<i>1002</i>			
To Whom Paid		M	D	Y	Amount		
<i>Tam-N-Jefferson 2008</i>		<i>0</i>	<i>7</i>	<i>03</i>	<i>08</i>	<i>30.00</i>	
Address		Purpose					
		<i>Booth Rental</i>					
City	State	Zip Code		Check Number			
<i>Columbus</i>	<i>OH</i>	<i>43215</i>		<i>1004</i>			
To Whom Paid		M	D	Y	Amount		
<i>Tactical Edge</i>		<i>0</i>	<i>7</i>	<i>03</i>	<i>08</i>	<i>2194.79</i>	
Address		Purpose					
<i>929 Harrison Ave</i>		<i>Services</i>					
City	State	Zip Code		Check Number			
<i>Columbus</i>	<i>OH</i>	<i>43215</i>		<i>1006</i>			
To Whom Paid		M	D	Y	Amount		
<i>US Post Master</i>		<i>0</i>	<i>7</i>	<i>17</i>	<i>08</i>	<i>105.00</i>	
Address		Purpose					
		<i>Postage</i>					
City	State	Zip Code		Check Number			
<i>Columbus</i>	<i>OH</i>	<i>43215</i>		<i>1007</i>			
To Whom Paid		M	D	Y	Amount		
<i>3MK Advertising</i>		<i>0</i>	<i>7</i>	<i>17</i>	<i>08</i>	<i>267.68</i>	
Address		Purpose					
<i>116 Parsons Ave</i>		<i>Shirts</i>					
City	State	Zip Code		Check Number			
<i>Columbus</i>	<i>OH</i>	<i>43215</i>		<i>1008</i>			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Friends of Dr. Tom Cervenik</i>							
To Whom Paid <i>Canal Winchester Parade</i>				M	D	Y	Amount <i>45.00</i>
Address		Purpose <i>Label Dry Parade</i>					
City <i>Canal Winchester</i>	State <i>OH</i>	Zip Code	Check Number <i>1009</i>				
To Whom Paid <i>Expenditures From Form 31F "</i>				M	D	Y	Amount <i>162.10</i>
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid <i>Kroger</i>				M	D	Y	Amount <i>42.00</i>
Address <i>7625 Sawmill Rd</i>		Purpose <i>Stamps</i>					
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43016</i>	Check Number <i>Debit</i>				
To Whom Paid <i>Kroger</i>				M	D	Y	Amount <i>84.00</i>
Address <i>7625 Sawmill Rd</i>		Purpose <i>STAMPS</i>					
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43016</i>	Check Number <i>Debit</i>				
To Whom Paid <i>US Post Master</i>				M	D	Y	Amount <i>109.80</i>
Address		Purpose <i>Postage</i>					
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43215</i>	Check Number <i>1010</i>				
To Whom Paid <i>Sonnli Link</i>				M	D	Y	Amount <i>500.00</i>
Address <i>1110 Mace Rd #216</i>		Purpose <i>Newspaper Ad</i>					
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43229</i>	Check Number <i>1091</i>				
To Whom Paid <i>Radio One</i>				M	D	Y	Amount <i>1040.00</i>
Address <i>350 East 1st Ave</i>		Purpose <i>Radio Ad</i>					
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43201</i>	Check Number <i>1092</i>				
To Whom Paid <i>Field Resource Management</i>				M	D	Y	Amount <i>3000.00</i>
Address <i>3426 W. Henderson Rd Suite A</i>		Purpose <i>Billboards</i>					
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43220</i>	Check Number <i>1093</i>				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Friends of Dr. Tom Cavanah</i>									
To Whom Paid <i>Expenditures From Form 31F</i>						M	D	Y	Amount
						10	13	08	104.25
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 Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <i>Friends of Dr. Jan Gorniak</i>								
To Whom Paid <i>Club 185</i>					M	D	Y	Amount
					<i>10</i>	<i>13</i>	<i>08</i>	<i>104.25</i>
Address <i>185 E. Livingston Ave</i>			Purpose <i>Fundraiser Food + Beverage</i>					
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	Check Number <i>Debit</i>				
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.

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<i>Friends of Dr. Jan Czerwinski</i>							
<i>Phillip Scribano</i>							
<i>7116 Tumblebrook Dr</i>				<i>10</i>	<i>13</i>	<i>08</i>	<i>100.00</i>
<i>New Albany</i>		<i>OH</i>	<i>43054</i>	Form(Cash,Check,etc)			
				Registration Number, if PAC			
				M	D	Y	Amount
				Form(Cash,Check,etc)			
				Registration Number, if PAC			
				M	D	Y	Amount
				Form(Cash,Check,etc)			
				Registration Number, if PAC			
				M	D	Y	Amount
				Form(Cash,Check,etc)			
				Registration Number, if PAC			
				M	D	Y	Amount
				Form(Cash,Check,etc)			
				Registration Number, if PAC			
				M	D	Y	Amount
				Form(Cash,Check,etc)			
				Registration Number, if PAC			

* 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)]

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

100.00

Total expenditures this event

104.25

Page Total \$ 0.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <i>Friends of Dr. Jan Gorniak</i>							
To Whom Paid <i>Bar Louie</i>				M	D	Y	Amount <i>162.10</i>
Address <i>504 N. Park St</i>		Purpose <i>Food + Beverage</i>					
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	Check Number <i>Debit</i>			
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.

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <i>Friends of Dr. Jan Coenink</i>								
To Whom Paid <i>Clock and Dagger</i>					M	D	Y	Amount
					<i>04</i>	<i>01</i>	<i>08</i>	<i>1500.00</i>
Address <i>1048 Mause Rd</i>			Purpose <i>Fundraiser Deposit</i>					
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	Check Number <i>Debit</i>				
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.

