

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

08 OCT 22 PM 12:10

Full Name of Committee COMMITTEE TO SUPPORT 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 checked="" type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> 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	D
				1	10408

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	\$	5,716	33
2. Total monetary contributions (From Form No. 31-A)	\$	62,336	00
3. Total other income (From Form No. 31-A 31-E)	\$	320	00
4. Total funds available (sum of lines 1, 2, 3)	\$	68,372	33
5. Total monetary expenditures (From Form No. 31-B)	\$	54,092	60
6. Balance on hand (line 4 minus line 5)	\$	14,279	73
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	118	33
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	-0-	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	-0-	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	-0-	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	-0-	
12. Value of independent expenditures made (From Form No. 31-U)	\$	-0-	
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

10/21/08
Date

Contribution pages 9

Expenditure pages 4

Other pages 1

Total pages 14

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
CITIZENS FOR COMMITTEE TO SUPPORT WESTERVILLE									
Full Name of Contributor							Registration Number, if PAC		
JOHN P. WINKEL									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
755 VERNON RD							CHECK		
City		State	Zip Code		M	D	Y	Amount	
COLUMBUS		OH	43209		0	7	0	250.00	
Full Name of Contributor							Registration Number, if PAC		
ADAM F. MAXWELL									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1348 SPRINGBROOK CT							CHECK		
City		State	Zip Code		M	D	Y	Amount	
WESTERVILLE		OH	43081		0	7	0	250.00	
Full Name of Contributor							Registration Number, if PAC		
BERNARD E. INGLES									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
384 ABBOTSBURY CT							CHECK		
City		State	Zip Code		M	D	Y	Amount	
WESTERVILLE		OH	43082		0	7	0	250.00	
Full Name of Contributor							Registration Number, if PAC		
THE DAIMLER GROUP INC									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1533 LAKE SHORE DR, STE 50				REAL ESTATE DEVELOPER			CHECK		
City		State	Zip Code		M	D	Y	Amount	
COLUMBUS		OH	43204-4891		0	7	0	5,000.00	
Full Name of Contributor							Registration Number, if PAC		
MARGARET M. DOONE									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
106 BELPRE PLACE E.							CHECK		
City		State	Zip Code		M	D	Y	Amount	
WESTERVILLE		OH	43081		0	7	0	300.00	
Full Name of Contributor							Registration Number, if PAC		
ELIZABETH S. HILDEBRAND									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
210 S. SPRING RD							CHECK		
City		State	Zip Code		M	D	Y	Amount	
WESTERVILLE		OH	43081		0	7	0	25.00	
Full Name of Contributor							Registration Number, if PAC		
FRANK A. WISEMAN									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
91 HADDAM PL. EAST							CHECK		
City		State	Zip Code		M	D	Y	Amount	
WESTERVILLE		OH	43081		0	7	0	150.00	
Full Name of Contributor							Registration Number, if PAC		
COLUMBUS ASPHALT PAVING, INC									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1196 TECHNOLOGY DRIVE				PAVING CONTRACTOR			CHECK		
City		State	Zip Code		M	D	Y	Amount	
GAHANNA		OH	43230		0	7	0	2,500.00	

713
250 ✓

717
500 ✓

718
3325 ✓

712
2650 ✓

* 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 FOR COMMITTEE TO SUPPORT WESTERVILLE						Registration Number, if PAC	
Full Name of Contributor RICHARD C. LORENZ						Form (Cash, Check, etc.) CHECK	
Street Address 2091 DEVON RD		Employer/Occupation/Labor Organization*				Amount	
City COLUMBUS	State OH	Zip Code 43212	M 0	D 7	Y 1008	251.00	
Full Name of Contributor LEE ANN SHORTLAND						Registration Number, if PAC	
Street Address 5910 PERKINS LANE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State OH	Zip Code 43082	M 0	D 7	Y 1508	50.00	
Full Name of Contributor PATRICK O'NEAL						Registration Number, if PAC	
Street Address 3050 TWP. RD. 221		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City MARENGO	State OH	Zip Code 43334	M 0	D 7	Y 1508	55.00	
Full Name of Contributor ERIC K. BUSCH						Registration Number, if PAC	
Street Address 481 HAVERDALE DR		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State OH	Zip Code 43082	M 0	D 7	Y 1508	250.00	
Full Name of Contributor UNITED STEEL WORKERS, DISTRICT 4 PCE						Registration Number, if PAC	
Street Address 777 DEARBORN PARL LN, STE J		Employer/Occupation/Labor Organization* LABOR UNION				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43085	M 0	D 7	Y 1508	1,000.00	
Full Name of Contributor E. M. H. & T						Registration Number, if PAC	
Street Address 5500 NEW ALBANY RD		Employer/Occupation/Labor Organization* CONSULTING ENGINEERS				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43054-8870	M 0	D 7	Y 1808	3,000.00	
Full Name of Contributor PRISM MUNICIPAL ADVISORS LLC						Registration Number, if PAC	
Street Address 1636 SHELBORNE LANE		Employer/Occupation/Labor Organization* FINANCIAL ADVISORS				Form (Cash, Check, etc.) CHECK	
City POWELL	State OH	Zip Code 43065	M 0	D 7	Y 2208	250.00	
Full Name of Contributor CLARK W. BULLOCK						Registration Number, if PAC	
Street Address 3666 GEORGIA AVE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43219-3628	M 0	D 7	Y 2208	25.00	

7/15
1606

7/18
3000

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Name of Committee in Full CITIZENS FOR COMMITTEE TO SUPPORT WESTERVILLE							Registration Number, if PAC	
Full Name of Contributor MICHAEL HERRON							Form (Cash, Check, etc.) CHECK	
Street Address 224 E. PACEMONT RD			Employer/Occupation/Labor Organization*		City COLUMBUS		Amount 50.00	
City COLUMBUS		State OH	Zip Code 43202		M 07	D 22	Y 08	325
Full Name of Contributor NP/FG, LLC							Registration Number, if PAC	
Street Address 8800 LYRA DR, #550							Form (Cash, Check, etc.) CHECK	
Street Address 8800 LYRA DR, #550			Employer/Occupation/Labor Organization* LAND DEVELOPERS		City COLUMBUS		Amount 2,500.00	
City COLUMBUS		State OH	Zip Code 43240		M 07	D 25	Y 08	2500
Full Name of Contributor EMILY PATTERSON							Registration Number, if PAC	
Street Address 3378 HUNT CLUB RD. N.							Form (Cash, Check, etc.) CHECK	
Street Address 3378 HUNT CLUB RD. N.			Employer/Occupation/Labor Organization*		City WESTERVILLE		Amount 50.00	
City WESTERVILLE		State OH	Zip Code 43081		M 07	D 26	Y 08	50.00
Full Name of Contributor SUSAN BANBURY							Registration Number, if PAC	
Street Address 420 GREENGLADE AVE							Form (Cash, Check, etc.) CHECK	
Street Address 420 GREENGLADE AVE			Employer/Occupation/Labor Organization*		City WORTHINGTON		Amount 150.00	
City WORTHINGTON		State OH	Zip Code 43085-2206		M 07	D 26	Y 08	150.00
Full Name of Contributor H. R. GRAY							Registration Number, if PAC	
Street Address 3770 RIDGE MILL DRIVE							Form (Cash, Check, etc.) CHECK	
Street Address 3770 RIDGE MILL DRIVE			Employer/Occupation/Labor Organization* CONSTRUCTION CONSULTANTS		City COLUMBUS		Amount 1,000.00	
City COLUMBUS		State OH	Zip Code 43026		M 07	D 28	Y 08	1000.00
Full Name of Contributor DACOTT POWER AND TRANSMISSION SERVICES							Registration Number, if PAC	
Street Address 5001 BISSONNET, STE 200							Form (Cash, Check, etc.) CHECK	
Street Address 5001 BISSONNET, STE 200			Employer/Occupation/Labor Organization* ELECTRICAL CONSULTANTS		City BELLAIRE		Amount 500.00	
City BELLAIRE		State TX	Zip Code 77401		M 07	D 28	Y 08	500.00
Full Name of Contributor ISAAC, BRANT, LEDMAN & TEETOR, LLP							Registration Number, if PAC	
Street Address 250 EAST BROAD ST							Form (Cash, Check, etc.) CHECK	
Street Address 250 EAST BROAD ST			Employer/Occupation/Labor Organization* ATTORNEYS AT LAW		City COLUMBUS		Amount 200.00	
City COLUMBUS		State OH	Zip Code 43215		M 08	D 05	Y 08	200.00
Full Name of Contributor OHIO HEALTH - PUBLIC RELATIONS							Registration Number, if PAC	
Street Address 180 E. BROAD ST.							Form (Cash, Check, etc.) CHECK	
Street Address 180 E. BROAD ST.			Employer/Occupation/Labor Organization* HEALTH CARE		City COLUMBUS		Amount 10,000.00	
City COLUMBUS		State OH	Zip Code 43215-3707		M 08	D 05	Y 08	10,000.00

7/22
325

7/25
2500

1700
7/28

10,200
8/5

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Statement of Contributions Received

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Name of Committee in Full <u>CITIZENS FOR</u> COMMITTEE TO SUPPORT WESTERVILLE							Registration Number, if PAC	
Full Name of Contributor <u>GARY L. VAN ARSDALE</u>							Registration Number, if PAC	
Street Address <u>5211 SPIKERUSH CT</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>CHECK</u>		
City <u>WESTERVILLE</u>		State <u>OH</u>	Zip Code <u>43082</u>		M <u>0</u>	D <u>8</u>	Y <u>09</u>	Amount <u>50.00</u>
Full Name of Contributor <u>JODY L. STOWERS</u>							Registration Number, if PAC	
Street Address <u>890 GLENMOREWAY APT B</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>CHECK</u>		
City <u>WESTERVILLE</u>		State <u>OH</u>	Zip Code <u>43082</u>		M <u>0</u>	D <u>8</u>	Y <u>12</u>	Amount <u>200.00</u>
Full Name of Contributor <u>EDSALL AND ASSOCIATES, LLC</u>							Registration Number, if PAC	
Street Address <u>754 NEIL AVE</u>			Employer/Occupation/Labor Organization* <u>ARCHITECT/PLANNERS/CONSULTANTS</u>			Form (Cash, Check, etc.) <u>CHECK</u>		
City <u>COLUMBUS</u>		State <u>OH</u>	Zip Code <u>43215</u>		M <u>0</u>	D <u>8</u>	Y <u>13</u>	Amount <u>200.00</u>
Full Name of Contributor <u>TIME WARNER CABLE</u>							Registration Number, if PAC	
Street Address <u>7800 CRESCENT EXEC. DR</u>			Employer/Occupation/Labor Organization* <u>CABLE TV</u>			Form (Cash, Check, etc.) <u>CHECK</u>		
City <u>CHARLOTTE</u>		State <u>NC</u>	Zip Code <u>28217</u>		M <u>0</u>	D <u>8</u>	Y <u>13</u>	Amount <u>1,000.00</u>
Full Name of Contributor <u>ANN K. LUND</u>							Registration Number, if PAC	
Street Address <u>7641 ASHWORTH ST</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>CHECK</u>		
City <u>COLUMBUS</u>		State <u>OH</u>	Zip Code <u>43235</u>		M <u>0</u>	D <u>8</u>	Y <u>19</u>	Amount <u>100.00</u>
Full Name of Contributor <u>MEACHAM & APEL ARCHITECTS, INC</u>							Registration Number, if PAC	
Street Address <u>6161 RIVERSIDE DR, #A</u>			Employer/Occupation/Labor Organization* <u>ARCHITECTS</u>			Form (Cash, Check, etc.) <u>CHECK</u>		
City <u>DUBLIN</u>		State <u>OH</u>	Zip Code <u>43017</u>		M <u>0</u>	D <u>8</u>	Y <u>20</u>	Amount <u>3,000.00</u>
Full Name of Contributor <u>MICHAEL SCHUSTER ASSOCIATES (MSA)</u>							Registration Number, if PAC	
Street Address <u>316 W. FOURTH ST 6TH FLOOR</u>			Employer/Occupation/Labor Organization* <u>ARCHITECTS</u>			Form (Cash, Check, etc.) <u>CHECK</u>		
City <u>CINCINNATI</u>		State <u>OH</u>	Zip Code <u>45208</u>		M <u>0</u>	D <u>8</u>	Y <u>2</u>	Amount <u>3,000.00</u>
Full Name of Contributor <u>SHANNON D. HAMONS</u>							Registration Number, if PAC	
Street Address <u>1121 LAKE POINT DR</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>CHECK</u>		
City <u>WESTERVILLE</u>		State <u>OH</u>	Zip Code <u>43082</u>		M <u>0</u>	D <u>8</u>	Y <u>30</u>	Amount <u>100.00</u>

8/12
250

8/13
1200

3100
8/21

3000
8/29

2680
9/5

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Name of Committee in Full CITIZENS FOR WESTERVILLE									
Full Name of Contributor BRANDSTETTER CARROLL, INC							Registration Number, if PAC		
Street Address 2360 CHAUVIN DR			Employer/Occupation/Labor Organization* ARCHITECTS				Form (Cash, Check, etc.) CHECK		
City LEXINGTON		State KY	Zip Code 40517		M 09	D 03	Y 08	Amount 2,000.00	
Full Name of Contributor AT&T SERVICES, INC							Registration Number, if PAC		
Street Address 45 ERIEVIEW PLAZA, Room 1600			Employer/Occupation/Labor Organization* TELECOMMUNICATIONS				Form (Cash, Check, etc.) CHECK		
City CLEVELAND		State OH	Zip Code 44114		M 09	D 05	Y 08	Amount 500.00	
Full Name of Contributor WESTERVILLE PROFESSIONAL FIRE FIGHTERS IAFB LOCAL 3480							Registration Number, if PAC		
Street Address 393 E COLLEGE AVE			Employer/Occupation/Labor Organization* LABOR UNION				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State OH	Zip Code 43081		M 09	D 08	Y 00	Amount 1,000.00	
Full Name of Contributor MT. CARMEL HEALTH SYSTEM							Registration Number, if PAC		
Street Address P.O. Box 13970			Employer/Occupation/Labor Organization* HEALTH CARE				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH	Zip Code 43213-7920		M 09	D 10	Y 08	Amount 15,000.00	
Full Name of Contributor CRAIG P. TRENEFF LAW OFFICE							Registration Number, if PAC		
Street Address 155 COMMERCE PARK DR			Employer/Occupation/Labor Organization* ATTORNEY				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State OH	Zip Code 43082		M 09	D 10	Y 08	Amount 500.00	
Full Name of Contributor ANDREW P. BOATRIGHT							Registration Number, if PAC		
Street Address 335 HAMPTON PARK			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State OH	Zip Code 43081		M 09	D 10	Y 08	Amount 100.00	
Full Name of Contributor K. DIANNE KATZENMOYER							Registration Number, if PAC		
Street Address 859 W. MAIN ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State OH	Zip Code 43081		M 09	D 10	Y 08	Amount 35.00	
Full Name of Contributor DAVID A. COCuzzi							Registration Number, if PAC		
Street Address 1029 BLUESAIL DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State OH	Zip Code 43081		M 09	D 12	Y 08	Amount 100.00	

9/5
2680

9/8
1,000

15,600
9/10

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Statement of Contributions Received

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Name of Committee in Full CITIZENS FOR WESTERVILLE							Registration Number, if PAC	
Full Name of Contributor NATIONWIDE MUTUAL INSURANCE CO.							Form (Cash, Check, etc.) CHECK	
Street Address ONE NATIONWIDE PLAZA 1-2710			Employer/Occupation/Labor Organization INSURANCE			Amount 4,000.00		
City COLUMBUS		State OH	Zip Code 43215		M 09	D 11	Y 2012	
Full Name of Contributor NORMA THOMPSON WESTERVELT							Form (Cash, Check, etc.) CHECK	
Street Address 5334 ANNANDALE CT			Employer/Occupation/Labor Organization			Amount 200.00		
City WESTERVILLE		State OH	Zip Code 43082		M 09	D 13	Y 05	
Full Name of Contributor LAWRENCE C. JENKINS							Form (Cash, Check, etc.) CHECK	
Street Address 211 E. SCHROCK RD			Employer/Occupation/Labor Organization			Amount 100.00		
City WESTERVILLE		State OH	Zip Code 43081		M 09	D 15	Y 00	
Full Name of Contributor SCOTT P. TOURVILLE							Form (Cash, Check, etc.) CHECK	
Street Address 550 CHERRINGTON RD			Employer/Occupation/Labor Organization			Amount 100.00		
City WESTERVILLE		State OH	Zip Code 43081		M 09	D 15	Y 00	
Full Name of Contributor JOHN K. BORROS							Form (Cash, Check, etc.) CHECK	
Street Address 642 BERKELEY PL. N.			Employer/Occupation/Labor Organization			Amount 100.00		
City WESTERVILLE		State OH	Zip Code 43081		M 09	D 15	Y 00	
Full Name of Contributor DOUGLAS J. ROGIER							Form (Cash, Check, etc.) CHECK	
Street Address 194 GRANBY PL. W.			Employer/Occupation/Labor Organization			Amount 25.00		
City WESTERVILLE		State OH	Zip Code 43081		M 09	D 15	Y 00	
Full Name of Contributor DOUGLAS J. VINYARD							Form (Cash, Check, etc.) CHECK	
Street Address 665 CONGRESS CT			Employer/Occupation/Labor Organization			Amount 50.00		
City DELAWARE		State OH	Zip Code 43015-1105		M 09	D 17	Y 08	
Full Name of Contributor Laurie M. Smith							Form (Cash, Check, etc.) CHECK	
Street Address 276 ST. THOMAS DR			Employer/Occupation/Labor Organization			Amount 10.00		
City WESTERVILLE		State OH	Zip Code 43081		M 09	D 18	Y 08	

4135
9/12

525
9/16

1810
9/19

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Name of Committee in Full CITIZENS FOR WESTERVILLE									
Full Name of Contributor UNITED HEALTHCARE SERVICES, INC						Registration Number, if PAC			
Street Address P.O. Box 1459 MN005-2100			Employer/Occupation/Labor Organization* HEALTH INSURANCE			Form (Cash, Check, etc.) CHECK			
City MINNEAPOLIS		State MN		Zip Code 55440-1459		M 0	D 9	Y 08	Amount 1,500.00
Full Name of Contributor BRIAN GOFF						Registration Number, if PAC			
Street Address 2048 QUAIL RIDGE ST			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH			
City COLUMBUS		State OH		Zip Code 43229		M 0	D 9	Y 08	Amount 10.00
Full Name of Contributor NANCY REISTER						Registration Number, if PAC			
Street Address 217 SAINT ANTOINE ST			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City WORTHINGTON		State OH		Zip Code 43085-2244		M 0	D 9	Y 08	Amount 50.00
Full Name of Contributor G. DAVID LINDIMORE						Registration Number, if PAC			
Street Address 8256 SNEAD WAY			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City WESTERVILLE		State OH		Zip Code 43082-8066		M 0	D 9	Y 08	Amount 200.00
Full Name of Contributor MICHAEL E. HOOPER						Registration Number, if PAC			
Street Address 2452 MECCA RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City COLUMBUS		State OH		Zip Code 43224		M 0	D 9	Y 08	Amount 50.00
Full Name of Contributor BAKER HOSTETLER						Registration Number, if PAC			
Street Address 65 E. STATE ST, STE 101			Employer/Occupation/Labor Organization* ATTORNEYS			Form (Cash, Check, etc.) CHECK			
City COLUMBUS		State OH		Zip Code 43215		M 1	D 0	Y 08	Amount 1,000.00
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	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	Amount

1810
9119

300
9129

1000
1079

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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC	
CITIZENS FOR WESTERVILLE					
Full Name of Contributor METZ, BAILEY & Mc LOUGHLIN				Registration Number, if PAC	
Street Address 33 E. SCHROCK RD		Employer/Occupation/Labor Organization* ATTORNEYS		M D Y 09 03 08	Amount 80.00
City WESTERVILLE		State OH	Zip Code 43081	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DAVID W. CHAMBERS				Registration Number, if PAC	
Street Address 927 PHILADELPHIA DR		Employer/Occupation/Labor Organization*		M D Y 09 19 08	Amount 100.00
City WESTERVILLE		State OH	Zip Code 43081	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CARRIE A. FOOR				Registration Number, if PAC	
Street Address 459 HEARTLAND MEADOWS CT		Employer/Occupation/Labor Organization*		M D Y 09 19 08	Amount 20.00
City SUNBURY		State OH	Zip Code 43074-9363	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor SANDE M. SILER				Registration Number, if PAC	
Street Address 357 MUSKINGUM CT		Employer/Occupation/Labor Organization*		M D Y 09 19 08	Amount 20.00
City GAHANNA		State OH	Zip Code 43230-2834	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MARY J. JOHNSTON				Registration Number, if PAC	
Street Address 6927 SHERBROOK DR		Employer/Occupation/Labor Organization*		M D Y 09 19 08	Amount 40.00
City WESTERVILLE		State OH	Zip Code 43082	Form (Cash, Check, etc.) CHECK	
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.)	
		OH			
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.)	
		OH			

2680
ais

1810
9/19

* 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)]

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

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Total expenditures this event.

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Page Total \$ 320.00

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
CITIZENS FOR WESTERVILLE			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
DAVID COLLINS WORTH			
Street Address	Description of Item or Service	M D Y	Fair Market Value
429 BELLFREY DR	ENVELOPES & COPYING	07 16 08	29.20
City	State	Zip Code	Received at Fundraising Event?
WESTERVILLE	OH	43082	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
J. MIKAL TOWNSLEY			
Street Address	Description of Item or Service	M D Y	Fair Market Value
571 CATAWBA AVE	POSTAGE	09 10 08	44.94
City	State	Zip Code	Received at Fundraising Event?
WESTERVILLE	OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
KATHY COCUZZI			
Street Address	Description of Item or Service	M D Y	Fair Market Value
1029 BLUESAIL DR	DECORATION FOR 9/11 RALLY	09 18 08	44.69
City	State	Zip Code	Received at Fundraising Event?
WESTERVILLE	OH	43081	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	OH		<input type="radio"/> YES <input type="radio"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

\$ 118.83
 Page Total

Statement of Expenditures

Prescribed by Secretary of State 201

Name of Committee in Full						
COMMITTEE TO SUPPORT WESTERVILLE						
To Whom Paid			M	D	Y	Amount
SAPER STEIN ASSOCIATES, INC			07	10	08	7,000.00
Address		Purpose				
4555 N. HIGH ST		RESIDENT SURVEY				
City	State	Zip Code	Check Number			
COLUMBUS	OH	43214	1003			
To Whom Paid			M	D	Y	Amount
GRIFFIN COMMUNICATIONS, LLC			07	10	08	4,000.00
Address		Purpose				
444 N. FRONT ST. STE 101		CAMPAIGN STRATEGY CONSULTANT				
City	State	Zip Code	Check Number			
COLUMBUS	OH	43215	109			
To Whom Paid			M	D	Y	Amount
GRIFFIN COMMUNICATIONS, LLC			07	16	08	3,000.00
Address		Purpose				
444 N. FRONT ST, STE 101		CAMPAIGN STRATEGY CONSULTANT				
City	State	Zip Code	Check Number			
COLUMBUS	OH	43215	110			
To Whom Paid			M	D	Y	Amount
GRIFFIN COMMUNICATIONS, LLC			07	21	08	4,000.00
Address		Purpose				
444 N. FRONT ST STE 101		CAMPAIGN STRATEGY CONSULTANT				
City	State	Zip Code	Check Number			
COLUMBUS	OH	43215	1004			
To Whom Paid			M	D	Y	Amount
GRIFFIN COMMUNICATIONS, LLC			08	06	08	3,000.00
Address		Purpose				
444 N. FRONT ST STE 101		CAMPAIGN STRATEGY CONSULTANT				
City	State	Zip Code	Check Number			
COLUMBUS	OH	43215	1005			
To Whom Paid			M	D	Y	Amount
GRIFFIN COMMUNICATIONS, LLC			07	28	08	7,000.00
Address		Purpose				
444 N. FRONT ST, STE 101		CAMPAIGN STRATEGY CONSULTANTS				
City	State	Zip Code	Check Number			
COLUMBUS	OH	43215	1006			
To Whom Paid			M	D	Y	Amount
THE HUNTINGTON NATIONAL BANK			07	15	08	5.00
Address		Purpose				
630 S. STATE ST		BANK SERVICE CHARGE				
City	State	Zip Code	Check Number			
WESTERVILLE	OH	43081	BANK DEBIT			
To Whom Paid			M	D	Y	Amount
CITY OF WESTERVILLE			08	22	08	25.00
Address		Purpose				
340 N. CLEVELAND AVE		SHELTER HOUSE RENTAL				
City	State	Zip Code	Check Number			
WESTERVILLE	OH	43082	1007			

