

FILED

# Ohio Campaign Finance Report

APR 28 PM 2:00

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <i>Citizens For Hamilton Fire Levy '09</i>						Registration Number, if PAC <i>N/A</i>			
Full Name of Candidate									
Street Address <i>1460 Obetz Rd.</i>				Office Sought			District		
City <i>Columbus</i>				State <i>Oh</i>		Zip Code <i>43207</i>			
Type of Report (place X to the left of report type)	Pre-Primary		<input checked="" type="checkbox"/> Post-Primary		Pre-General		Post-General		Annual Year <i>2009</i>
	July Monthly		August Monthly		September Monthly		<input checked="" 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 <i>05</i>	D <i>05</i>	Y <i>09</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 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	\$ <i>0.00</i>
2. Total monetary contributions (From Form No. 31-A)	\$ <i>583.88</i>
3. Total other income (From Form No. 31-A-2)	\$ <i>— 0 —</i>
4. Total funds available (sum of lines 1, 2, 3)	\$ <i>583.88</i>
5. Total monetary expenditures (From Form No. 31-B)	\$ <i>583.88</i>
6. Balance on hand (line 4 minus line 5)	\$ <i>— 0 —</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ <i>450.00</i>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ <i>— 0 —</i>
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ <i>— 0 —</i>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ <i>— 0 —</i>
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ <i>— 0 —</i>
12. Value of independent expenditures made (From Form No. 31-U)	\$ <i>— 0 —</i>
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

*Harold P. Wilburn, Treasurer*  
Print Name and Title (Treasurer and Deputy Treasurer only)

*Harold P. Wilburn*  
Signature

*5/29/09*  
Date

Contribution pages   1  

Expenditure pages   1  

Other pages       

Total pages   0

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <i>Citizens For Hamilton Fire Levy '09</i>							
Full Name of Contributor <i>William J. Waboff</i>					Registration Number, if PAC <i>N/A</i>		
Street Address <i>5010 Broad St. Suite 2300</i>		Employer/Occupation/Labor Organization* <i>N/A</i>			Form (Cash, Check, etc.) <i>check # 2161</i>		
City <i>Columbus</i>	State <i>Oh</i>	Zip Code <i>43215</i>	M <i>01</i>	D <i>25</i>	Y <i>09</i>	Amount <i>\$100.00</i>	
Full Name of Contributor <i>Mack Rinehart</i>					Registration Number, if PAC <i>N/A</i>		
Street Address <i>2450 Lindsay Rd.</i>		Employer/Occupation/Labor Organization* <i>N/A</i>			Form (Cash, Check, etc.) <i>cash</i>		
City <i>Columbus</i>	State <i>Oh</i>	Zip Code <i>43207</i>	M <i>01</i>	D <i>25</i>	Y <i>09</i>	Amount <i>\$200.00</i>	
Full Name of Contributor <i>Karen Schutte</i>					Registration Number, if PAC <i>N/A</i>		
Street Address <i>1134 London-Groveport Rd.</i>		Employer/Occupation/Labor Organization* <i>N/A</i>			Form (Cash, Check, etc.) <i>check # 2569</i>		
City <i>Lockbourne</i>	State <i>Oh</i>	Zip Code <i>43137</i>	M <i>03</i>	D <i>04</i>	Y <i>09</i>	Amount <i>\$25.00</i>	
Full Name of Contributor <i>Daniel B. Heller</i>					Registration Number, if PAC <i>N/A</i>		
Street Address <i>5330 Guthrie Rd.</i>		Employer/Occupation/Labor Organization* <i>N/A</i>			Form (Cash, Check, etc.) <i>check # 1275</i>		
City <i>Columbus</i>	State <i>Oh</i>	Zip Code <i>43207</i>	M <i>02</i>	D <i>25</i>	Y <i>09</i>	Amount <i>\$100.00</i>	
Full Name of Contributor <i>Hamilton WP Firefighters Association</i>					Registration Number, if PAC <i>N/A</i>		
Street Address <i>1460 Obetz Rd.</i>		Employer/Occupation/Labor Organization* <i>N/A</i>			Form (Cash, Check, etc.) <i>cash</i>		
City <i>Columbus</i>	State <i>Oh</i>	Zip Code <i>43207</i>	M <i>05</i>	D <i>05</i>	Y <i>09</i>	Amount <i>\$158.88</i>	
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	
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	

\* 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)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Citizens For Hamilton Fire Levy '09</i>										
To Whom Paid <i>John Blankenship</i>						M	D	Y	Amount <i># 32.88</i>	
Address <i>2546 Stegner Rd.</i>				Purpose <i>Refreshments/Breads for members passing out flyers</i>						
City <i>Obetz</i>		State <i>Oh</i>		Zip Code <i>43207</i>		Check Number <i>1554</i>				
To Whom Paid <i>Kelly Printing</i>						M	D	Y	Amount <i># 466.00</i>	
Address <i>1657 Victor Ave</i>				Purpose <i>Printing of levy information flyers</i>						
City <i>Obetz</i>		State <i>Oh</i>		Zip Code <i>43207</i>		Check Number <i>1555</i>				
To Whom Paid <i>Passum Hollar Piza</i>						M	D	Y	Amount <i># 85.00</i>	
Address <i>1376 Lisle Ave</i>				Purpose <i>Refreshments/food for levy committee on election night</i>						
City <i>Obetz</i>		State <i>Oh</i>		Zip Code <i>43207</i>		Check Number <i>1558</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				

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Citizens For Hamilton Fire Levy '09				
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
The National Lumber Store Co.				N/A
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
5911 Lockbourne Rd. Box 1 Pa.		Purchase of levy signs yard		014   013   019   \$450.00
City		State	Zip Code	Received at Fundraising Event?
Lockbourne		OH	43137	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?
				<input type="checkbox"/> YES <input type="checkbox"/> 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?
				<input type="checkbox"/> YES <input type="checkbox"/> 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?
				<input type="checkbox"/> YES <input type="checkbox"/> 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?
				<input type="checkbox"/> YES <input type="checkbox"/> 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?
				<input type="checkbox"/> YES <input type="checkbox"/> 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?
				<input type="checkbox"/> YES <input type="checkbox"/> 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?
				<input type="checkbox"/> YES <input type="checkbox"/> NO

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