

FILED

Ohio Campaign Finance Report

09 JUN -5 PM 2:40

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY

BOARD OF ELECTIONS

Full Name of Committee SAVE REYNOLDSBURG SCHOOLS, JAMES H. SMITH, TREAS.							Registration Number, if PAC			
Full Name of Candidate										
Street Address 7244 EAST MAIN STREET					Office Sought			District REYNOLD.		
City REYNOLDSBURG					State O H		Zip Code 43068			
Type of Report (place X to the left of report type)	Pre-Primary		X Post-Primary		Pre-General		Post-General		Annual Year 2009	
	July		August		September		Termination		Semiannual	
	Monthly		Monthly		Monthly		Monthly			
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 0 5	D 0 5	Y 0 9

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	\$ 15,017.48
2. Total monetary contributions (From Form No. 31-A)	\$ 1,920.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 16,937.48
5. Total monetary expenditures (From Form No. 31-B)	\$ 364.82
6. Balance on hand (line 4 minus line 5)	\$ 16,572.66
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

JAMES H. SMITH, TREAS.

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

06-03-09

Date

Contribution pages 2

Expenditure pages 1

Other pages 4

Total pages 7

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full SAVE REYNOLDSBURG SCHOOLS, JAMES H. SMITH, TREAS.									
To Whom Paid VOID						M	D	Y	Amount 0.00
Address		Purpose							
City		State	Zip Code	Check Number 1113					
To Whom Paid HUNTER'S FLORIST						M	D	Y	Amount 74.67
Address 7384 E. MAIN ST		Purpose PHONE BANK SERVICES - REMAX REALTORS							
City REYNOLDSBURG		State OH	Zip Code 43068	Check Number 1114					
To Whom Paid WINE GUY WINE SHOP						M	D	Y	Amount 50.00
Address 201 CLINT DRIVE		Purpose PHONE BANK SERVICES - REMAX REALTORS							
City PICKERINGTON		State OH	Zip Code 43147	Check Number 1115					
To Whom Paid CHRISTINE SMITH						M	D	Y	Amount 57.89
Address 8334 PRIESTLEY DR		Purpose SUPPLIES FOR STREET WALK							
City REYNOLDSBURG		State OH	Zip Code 43068	Check Number 1116					
To Whom Paid REYNOLDSBURG CITY SCHOOLS						M	D	Y	Amount 179.01
Address 7244 E MAIN STREET		Purpose POSTAGE ABSENTEE POSTCARD MAILING							
City REYNOLDSBURG		State OH	Zip Code 43068	Check Number 1117					
To Whom Paid FIFTH THIRD BANK						M	D	Y	Amount 3.25
Address P O BOX 630900		Purpose BANK SERVICE CHARGE							
City CINCINNATI		State OH	Zip Code 45263	Check Number D.M.					
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 Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full SAVE REYNOLDSBURG SCHOOLS, JAMES H. SMITH, TREAS.							
Full Name of Contributor ROBERT STAMPS						Registration Number, if PAC	
Street Address 1686 NORMA RD			Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H		Zip Code 43229		M D Y 0 4 3 0 0 9	Amount 50.00
Full Name of Contributor JENNIFER CHOMIN						Registration Number, if PAC	
Street Address 6078 ROSELAWN AVE			Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H		Zip Code 43232		M D Y 0 4 3 0 0 9	Amount 50.00
Full Name of Contributor TERRANCE HUBBARD						Registration Number, if PAC	
Street Address 5887 RAVINE VIEW CT			Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H		Zip Code 43231		M D Y 0 5 0 1 0 9	Amount 100.00
Full Name of Contributor TAMMY YOCKEY						Registration Number, if PAC	
Street Address 8389 VEGA RD			Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City BLACKLICK		State O H		Zip Code 43004		M D Y 0 5 0 1 0 9	Amount 80.00
Full Name of Contributor MISC CONTRIBUTORS						Registration Number, if PAC	
Street Address 7244 E MAIN ST			Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG		State O H		Zip Code 43068		M D Y 0 5 0 1 0 9	Amount 10.00
Full Name of Contributor JOY BEER						Registration Number, if PAC	
Street Address 7056 LEMERT LN			Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG		State O H		Zip Code 43068		M D Y 0 5 0 7 0 9	Amount 50.00
Full Name of Contributor FIFTH THIRD BANK						Registration Number, if PAC	
Street Address FIFTH THIRD CENTER			Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City CINCINNATI		State O H		Zip Code		M D Y 0 5 2 8 0 9	Amount 750.00
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

* 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 Contributions Received

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Name of Committee in Full SAVE REYNOLDSBURG SCHOOLS, JAMES H. SMITH, TREAS.							
Full Name of Contributor VALERIE ZIELINSKI-MAYER					Registration Number, if PAC		
Street Address 1660 N CASSIDY AVE		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 0 4	D 1 7	Y 0 9	Amount 200.00	
Full Name of Contributor JANA ALIG-MIELCAREK					Registration Number, if PAC		
Street Address 2958 PRINCEVILLE DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City PICKERINGTON	State O H	Zip Code 43147	M 0 4	D 1 7	Y 0 9	Amount 50.00	
Full Name of Contributor VARIOUS DONATIONS- WINDOW CLINGS					Registration Number, if PAC		
Street Address 7244 E MAIN ST		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CASH		
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 4	D 1 7	Y 0 9	Amount 130.00	
Full Name of Contributor THOMAS COCHRAN					Registration Number, if PAC		
Street Address 529 S 5TH ST		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43206	M 0 4	D 2 1	Y 0 9	Amount 100.00	
Full Name of Contributor E P JOHNSON					Registration Number, if PAC		
Street Address 1695 KENVIEW RD		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43209	M 0 4	D 2 1	Y 0 9	Amount 50.00	
Full Name of Contributor KAREN ZALAC					Registration Number, if PAC		
Street Address 680 HARTFORD ST		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State O H	Zip Code 43085	M 0 4	D 2 1	Y 0 9	Amount 100.00	
Full Name of Contributor MITCH BIEDERMAN					Registration Number, if PAC		
Street Address 311 WAGGONER RD		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CASH		
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 4	D 2 1	Y 0 9	Amount 50.00	
Full Name of Contributor RONALD STRUSSION					Registration Number, if PAC		
Street Address 1730 GRAHAM RD		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O H	Zip Code	M 0 4	D 3 0	Y 0 9	Amount 150.00	

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