

FILED

# Ohio Campaign Finance Report

09 JUN 12 AM 11:32

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Citizens for Change in UA</b>							Registration Number, if PAC			
Full Name of Candidate										
Street Address <b>2208 Fairfax Road</b>					Office Sought			District		
City <b>Upper Arlington</b>							State <b>OH</b>	Zip Code <b>43221</b>		
Type of Report (place X to the left of report type)	Pre-Primary		<b>X</b>	Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		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 0	D 5	Y 0 5 0   5 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	\$ 52.35
2. Total monetary contributions (From Form No. 31-A)	\$ 2,095.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 2,147.35
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,084.35
6. Balance on hand (line 4 minus line 5)	\$ 63.00
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

Victoria Kerman, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

6/12/09

Date

Contribution pages <u>1</u>
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Expenditure pages <u>1</u>
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Other pages _____
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Total pages <u>2</u>
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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Change in UA</b>							
Full Name of Contributor <b>-See attached-</b>						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
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
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)]

First Name	Last Name	Street	City	State	Zipcode	Amount	Date	Method
Jane	White	4049 Ritamarie Drive	Upper Arlington	OH	43220	\$20.00	4/9/2009	check
Aarolyn	Galbraith	2217 Johnston Road	Upper Arlington	OH	43221	\$15.00	4/16/2009	check
Charles and Beverly	Herrera	1175 Brittany Lane	Upper Arlington	OH	43220	\$100.00	4/18/2009	check
Al	Stephan	2006 Fishinger Rd	Upper Arlington	OH	43221	\$50.00	4/18/2009	check
David and Karen	Stewart	2511 Onandaga Drive	Upper Arlington	OH	43221	\$50.00	4/18/2009	check
Bernard	Bronczyk	3088 Brandon	Upper Arlington	OH	43221	\$75.00	4/20/2009	check
Molly	Briggs	1921 Wyadotte Road	Upper Arlington	OH	43212	\$25.00	4/22/2009	check
Mary	Cummins	3151 Redding Road	Upper Arlington	OH	43221	\$50.00	4/24/2009	check
Jim	Becker	4380 Braunton Road	Upper Arlington	OH	43220	\$50.00	4/25/2009	cash
Art and Betty	Eberle	3303 Colchester Road	Upper Arlington	OH	43221	\$10.00	4/25/2009	cash
William	Kloss	2640 Dorset	Upper Arlington	OH	43221	\$75.00	4/25/2009	check
Caroline	Lahrman	2359 Coventry Road	Upper Arlington	OH	43221	\$100.00	4/25/2009	check
George	Momirov	2642 Clifton Road	Upper Arlington	OH	43221	\$10.00	4/25/2009	cash
Carol	Smathers	3298 Kirkham Road	Upper Arlington	OH	43221	\$100.00	4/25/2009	check
Gail	Tibbals	3340 Somerford Road	Upper Arlington	OH	43221	\$50.00	4/25/2009	check
Mindy and Frank	Wirsing	1986 Keswick	Upper Arlington	OH	43220	\$20.00	4/25/2009	cash
Don and Marguerite	Frizzell	4178 Waddington Road	Upper Arlington	OH	43220	\$25.00	4/26/2009	check
Karin	Andres	1557-B Lafayette Drive	Upper Arlington	OH	43220	\$40.00	4/28/2009	check
Eric	Yassenoff	2260 Swansea Road	Upper Arlington	OH	43221	\$250.00	4/28/2009	check
Joyce	Blake	1512 Lafayette Drive	Upper Arlington	OH	43220	\$25.00	5/1/2009	check
Alex	Huber	4167 Oxford Drive	Upper Arlington	OH	43220	\$30.00	5/1/2009	cash
Dan	McCormick	3800 Rita Marie Drive	Upper Arlington	OH	43220	\$400.00	5/1/2009	check
Hugo	Trux	3890 Surrey Hill Place	Upper Arlington	OH	43220	\$50.00	5/6/2009	check
Brian	Rogge	1983 Oakwell Farms Pkwy Apt. 1208	San Antonio	TX	78218	\$50.00	5/8/2009	check
Karin	Andres	1557-B Lafayette Drive	Upper Arlington	OH	43220	\$20.00	5/15/2009	cash
Jane	Belt	3478 Colchester Road	Upper Arlington	OH	43221	\$20.00	5/15/2009	cash
Mike	Edwards	2463 Coventry Road	Upper Arlington	OH	43221	\$20.00	5/15/2009	cash
Donna	Printz	1994 Jervis Road	Upper Arlington	OH	43221	\$40.00	5/15/2009	check
Mary	Sateren	3365 Somerford Road	Upper Arlington	OH	43221	\$75.00	5/15/2009	check
David and Karen	Stewart	2511 Onandaga Drive	Upper Arlington	OH	43221	\$50.00	5/16/2009	check
Joe	Karam	4040 Reed Road	Upper Arlington	OH	43220	\$75.00	5/17/2009	check
Catherine	Hackett	1980 Wickford Road	Upper Arlington	OH	43221	\$50.00	5/19/2009	check
Brigitte	Wanner	2745 River Park Drive	Upper Arlington	OH	43220	\$75.00	6/3/2009	check
Total						2095		

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Change in UA</b>										
To Whom Paid <b>-See Attached-</b>						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					
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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for Change in UA</b>															
From Whom Received <b>Victoria Kerman</b>						Prior Amount <b>300.00</b>		Amt. Incurred this Period <b>0.00</b>							
Address <b>2208 Fairfax Road</b>								Outstanding Balance <b>0.00</b>							
City <b>Upper Arlington</b>		State <b>OH</b>	Zip Code <b>43221</b>			Loans Received This Period Date                      Amount			Payments This Period Date                      Amount						
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$			
		0	4	0	6	0	9		0	6	0	5	0	9	300.00
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 Date                      Amount			Payments This Period 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 Date                      Amount			Payments This Period 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 \$ 300.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 300.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 0.00 (To Form No. 30-A)