

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
09 APR 21 PM 12:38
FRANKLIN COUNTY

Full Name of Committee SAVE REYNOLDSBURG SCHOOLS, JAMES H. SMITH, TREAS.						Registration Number, if PAC, ELECTION										
Full Name of Candidate																
Street Address 7244 EAST MAIN STREET				Office Sought		District REYNOLD.										
City REYNOLDSBURG				State OH		Zip Code 43068										
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year 2009						
	<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		0	M	5	0	D	5	0	Y	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 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	\$	\$12,604.77
2. Total monetary contributions (From Form No. 31-A)	\$	\$11,945.00
3. Total other income (From Form No. 31-A-2)	\$.
4. Total funds available (sum of lines 1, 2, 3)	\$	\$24,549.77
5. Total monetary expenditures (From Form No. 31-B)	\$	\$9,532.29
6. Balance on hand (line 4 minus line 5)	\$	\$15,017.48
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

04/20/2009

Date

Contribution pages 3

Expenditure pages 2

Other pages 21

Total pages 26

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full SAVE REYNOLDSBURG SCHOOLS							
Full Name of Contributor SCHOTTENSTEIN ZOX & DUNN STATE AND LOCAL PAC						Registration Number, if PAC	
Street Address 250 WEST ST		Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 0 3	D 1 3	Y 0 9	Amount 1,000.00	
Full Name of Contributor L A SANDERS & ASSOC, INC						Registration Number, if PAC	
Street Address 12607 BENTLEY DR		Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK	
City PICKERINGTON	State O H	Zip Code 43147	M 0 3	D 1 3	Y 0 9	Amount 250.00	
Full Name of Contributor G & L SUPPLY						Registration Number, if PAC	
Street Address P O BOX 1059		Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK	
City MANSFIELD	State O H	Zip Code 44901	M 0 3	D 2 0	Y 0 9	Amount 25.00	
Full Name of Contributor REYNOLDSBURG SUPPORT ASSOCIATION						Registration Number, if PAC	
Street Address 8291 CAIRN COURT		Employer/Occupation/Labor Organization* LABOR				Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 3	D 2 0	Y 0 9	Amount 250.00	
Full Name of Contributor BRICKER & ECKLER, LLP						Registration Number, if PAC	
Street Address 100 S THIRD ST		Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 0 3	D 2 6	Y 0 9	Amount 450.00	
Full Name of Contributor REYNOLDSBURG EDUCATION ASSOCIATION						Registration Number, if PAC	
Street Address P O BOX 884		Employer/Occupation/Labor Organization* LABOR				Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 3	D 2 6	Y 0 9	Amount 3,000.00	
Full Name of Contributor SECURITY VOICE, INC						Registration Number, if PAC	
Street Address 3496 SNOUFFER RD, STE 225		Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43235	M 0 3	D 2 6	Y 0 9	Amount 200.00	
Full Name of Contributor STEPHEN DACKIN						Registration Number, if PAC	
Street Address 8733 TAYLOR WOODS DR		Employer/Occupation/Labor Organization* OCCUPATION				Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 3	D 2 6	Y 0 9	Amount 150.00	

* 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

Prescribed by Secretary of State 3/05

Name of Committee in Full SAVE REYNOLDSBURG SCHOOLS						
Full Name of Contributor CHRISTOPHER SMITH				Registration Number, if PAC		
Street Address 393 RAMBLING BROOK DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City PICKERINGTON	State O H	Zip Code 43147	M 0 3	D 2 8	Y 0 9	Amount 500.00
Full Name of Contributor LEE GRAY				Registration Number, if PAC		
Street Address 548 RAMBLING BROOK DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City PICKERINGTON	State O H	Zip Code 43147	M 0 3	D 2 8	Y 0 9	Amount 500.00
Full Name of Contributor PEPPLE & WAGGONER, LTD				Registration Number, if PAC		
Street Address 5005 OCKSIDE RD, STE 260		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City CLEVELAND	State O H	Zip Code 44131	M 0 3	D 2 8	Y 0 9	Amount 2,000.00
Full Name of Contributor MOODY NOLAN, INC				Registration Number, if PAC		
Street Address 300 SPRUCE ST		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 0 3	D 2 8	Y 0 9	Amount 2,000.00
Full Name of Contributor JANELLE MORRISON				Registration Number, if PAC		
Street Address 243 WINDSOR DR		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 3	D 2 8	Y 0 9	Amount 100.00
Full Name of Contributor ANNETTE NIJSSEN				Registration Number, if PAC		
Street Address 2828 SPINNAKER LOOP		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 3	D 2 8	Y 0 9	Amount 100.00
Full Name of Contributor CATHERINE BREGAR				Registration Number, if PAC		
Street Address 7263 BRIDLESPUR LN		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City DELAWARE	State O H	Zip Code 43015	M 0 3	D 2 8	Y 0 9	Amount 100.00
Full Name of Contributor LESLIE KELLY				Registration Number, if PAC		
Street Address 7410 DAUGHERTY RD		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 3	D 2 8	Y 0 9	Amount 50.00

* 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

Prescribed by Secretary of State 3/05

Name of Committee in Full SAVE REYNOLDSBURG SCHOOLS							
Full Name of Contributor DANIEL HOFFMAN					Registration Number, if PAC		
Street Address 221 PARADISE VALLEY DR			Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City ALEXANDRIA		State O H	Zip Code 43001	M 0 3	D 2 8	Y 0 9	Amount 270.00
Full Name of Contributor SMOOT CONSTRUCTION CO					Registration Number, if PAC		
Street Address 1907 LEONARD AVE			Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43215	M 0 4	D 0 6	Y 0 9	Amount 1,000.00
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
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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
SAVE REYNOLDSBURG SCHOOLS									
To Whom Paid			M	D	Y	Amount			
SIGNS BY TOMORROW			0	3	0	6	0	9	1,165.50
Address		Purpose							
76 N STYGLER RD		YARD SIGNS (1000) (HALF OF BILL)							
City	State	Zip Code	Check Number						
GAHANNA	O H	43230	1101						
To Whom Paid			M	D	Y	Amount			
DAVID HEDRICK			0	3	0	9	0	9	93.92
Address		Purpose							
514 HAWTHORNE PLACE		CAMPAIGN BUSINESS CARDS (1000)							
City	State	Zip Code	Check Number						
REYNOLDSBURG	O H	43068	1102						
To Whom Paid			M	D	Y	Amount			
PXP OHIO			0	3	1	9	0	9	1,240.00
Address		Purpose							
6800 TUSSING RD		LEVY BROCHURES (8,000)							
City	State	Zip Code	Check Number						
REYNOLDSBURG	O H	43068	1103						
To Whom Paid			M	D	Y	Amount			
SAFEGUARD CHECKS			0	3	0	3	0	9	41.64
Address		Purpose							
c/o FIFTH THIRD BANK		CHECKS							
City	State	Zip Code	Check Number						
REYNOLDSBURG	O H	43068	Debit Memo						
To Whom Paid			M	D	Y	Amount			
SIGNS BY TOMORROW			0	3	2	3	0	9	1,469.85
Address		Purpose							
76 N STYGLER RD		YARD SIGNS (1000) (BALANCE OF ORDER)							
City	State	Zip Code	Check Number						
REYNOLDSBURG	O H	43230	1104						
To Whom Paid			M	D	Y	Amount			
SIGNS BY TOMORROW			0	3	2	7	0	9	2,635.35
Address		Purpose							
76 N STYGLER RD		YARD SIGNS - 1000 ADDITIONAL							
City	State	Zip Code	Check Number						
REYNOLDSBURG	O H	43230	1105						
To Whom Paid			M	D	Y	Amount			
KRISTEN HAMPTON-HARMON			0	3	2	6	0	9	20.07
Address		Purpose							
6457 KINGS CHARTER		CLIPBOARDS (20) FOR DOOR-TO-DOOR							
City	State	Zip Code	Check Number						
REYNOLDSBURG	O H	43068	1106						
To Whom Paid			M	D	Y	Amount			
CHRISTINE SMITH			0	4	0	3	0	9	153.86
Address		Purpose							
8334 PRIESTLEY DR		MATERIALS FOR EVENTS							
City	State	Zip Code	Check Number						
REYNOLDSBURG	O H	43068	1107						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full SAVE REYNOLDSBURG SCHOOLS							
To Whom Paid PXP OHIO				M	D	Y	Amount 1,065.00
Address 6800 TUSSING RD				Purpose BROCHURES - 5,000			
City REYNOLDSBURG		State O H	Zip Code 43068	Check Number 1108			
To Whom Paid FEDEX KINKOS				M	D	Y	Amount 448.35
Address 6266 E BROAD ST				Purpose POSTERS FOR EVENTS - 20			
City COLUMBUS		State O H	Zip Code 43213	Check Number 1109			
To Whom Paid FEDEX KINKOS				M	D	Y	Amount 213.51
Address 6266 E BROAD ST				Purpose POST CARDS FOR ABSENTEE MAILING			
City COLUMBUS		State O H	Zip Code 43213	Check Number 1110			
To Whom Paid DARYL ALBRECHT				M	D	Y	Amount 385.24
Address 8095 REYNOLDSWOOD DR				Purpose HOT CARDS, PRINTER SUPPLIES, WEB SITE REG.			
City REYNOLDSBURG		State O H	Zip Code 43068	Check Number 1111			
To Whom Paid INK 'N THREAD				M	D	Y	Amount 600.00
Address 6031 E MAIN ST, SUITE 214				Purpose WINDOW CLINGS - 1,000			
City COLUMBUS		State O H	Zip Code 43213-3356	Check Number 1112			
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			