

FILED

Ohio Campaign Finance Report

09 APR 23 PM 3:11

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee CITIZENS FOR CHANGE IN OA						Registration Number, if PAC			
Full Name of Candidate									
Street Address 2208 FAIRFAX RD					Office Sought		District		
City OA					State OH		Zip Code 43221		
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	Annual Year
		July		August		September			Semiannual
		Monthly		Monthly		Monthly		Termination	
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 05	D 05	Y 09

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	\$ -0-
2. Total monetary contributions (From Form No. 31-A)	\$ 432.00
3. Total other income (From Form No. 31-A-2)	\$ 300.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 732.00
5. Total monetary expenditures (From Form No. 31-B)	\$ 679.65
6. Balance on hand (line 4 minus line 5)	\$ 52.35
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 180.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 300.00
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 - TR.
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

04/23/09
Date

Contribution
pages _____

Expenditure
pages _____

Other
pages _____

Total
pages 0

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Change in Upper Arlington (CCUA)									
Full Name of Contributor ---See Attached---							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
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
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
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
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

* 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)]

First Name	Last Name	Address	City	Zipcode	Amount	Date	Type
Marv	Royalty	2150 Sherringham Road	Upper Arlington	43220	\$30.00	4/4/2009	check
Eleanor	Calvary	3066 NorthStar Road	Upper Arlington	43221	\$20.00	4/9/2009	cash
William	Fullam	2105 Riverhill Road	Upper Arlington	43221	\$197.00	4/9/2009	check
Catherine	Hackett	1980 Wickford Road	Upper Arlington	43221	\$20.00	4/9/2009	cash
Linda	Hurdzan	2321 Lane Road	Upper Arlington	43220	\$15.00	4/9/2009	check
Bob	Miles	3306 Leighton Road	Upper Arlington	43221	\$20.00	4/9/2009	cash
Hugo	Trux	3890 Surrey Hill Place	Upper Arlington	43220	\$25.00	4/9/2009	check
Zaron	VanMeter	3808 Surrey Hill	Upper Arlington	43220	\$30.00	4/9/2009	cash
Marty	Marlatt	2166 Cresthill Drive	Upper Arlington	43221	\$25.00	4/14/2009	check
Lee	Jordan	2424 Lane Avenue	Upper Arlington	43221	\$25.00	4/15/2009	check
Carol	Smathers	3298 Kirkham Road	Upper Arlington	43221	\$25.00	4/15/2009	check
					\$432.00		

Citizens for Change in UA

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Citizens for Change in Upper Arlington (CCUA)					
Full Name			Registration Number, if PAC		
Vicki Kerman					
Address	Type*		M	D	Y
2208 Fairfax Road	LN		0	4	0
City	State	Zip Code			Amount
Upper Arlington	OH	43221	6	0	9
			Form (Cash, Check, etc.)		
			check		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			Amount
	OH				
			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			Amount
	OH				
			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			Amount
	OH				
			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			Amount
	OH				
			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			Amount
	OH				
			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			Amount
	OH				
			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			Amount
	OH				
			Form (Cash, Check, etc.)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Change in Upper Arlington (CCUA)							
To Whom Paid Vicki Kerman				M	D	Y	Amount
				0	4	1509	\$26.34
Address 2208 Fairfax Road		Purpose Domain/Website Charges from GoDaddy					
City Upper Arlington	State OH	Zip Code	Check Number				
To Whom Paid Vicki Kerman				M	D	Y	Amount
				0	4	1509	\$411.50
Address 2208 Fairfax Road		Purpose Yard Signs					
City Upper Arlington	State OH	Zip Code	Check Number				
To Whom Paid Vicki Kerman				M	D	Y	Amount
				0	4	1509	\$44.81
Address 2208 Fairfax Road		Purpose Reimburse for paper purchase at Staples					
City Upper Arlington	State OH	Zip Code	Check Number				
To Whom Paid VICKI KERMAN				M	D	Y	Amount
				0	4	1509	197.00
Address 2208 FAIRFAX RD		Purpose LANEWS AM					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address							
City				State OH	Zip Code	Check Number	
To Whom Paid				M	D	Y	Amount
Address							
City				State OH	Zip Code	Check Number	
To Whom Paid				M	D	Y	Amount
Address							
City				State OH	Zip Code	Check Number	
To Whom Paid				M	D	Y	Amount
Address							
City				State OH	Zip Code	Check Number	

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Change in Upper Arlington (CCUA)													
From Whom Received Vicki Kerman										Prior Amount \$0.00		Amt. Incurred this Period \$100.00 300.00	
Address 2208 Fairfax Road												Outstanding Balance \$100.00 300.00	
City Upper Arlington		State OH		Zip Code 43221		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
0 3 3 0 0 9					0 3 3 0 0 9			\$100.00	300.00				
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State OH		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State OH		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													

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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 Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ \$0.00
- 2 Total received this period \$ ~~\$100.00~~ 300.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ \$0.00 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ ~~\$100.00~~ 300.00 (To Form No. 30-A)

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Change in Upper Arlington (CCUA)				
Full Name of Contributor Dan McCormick		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 3800 Rita Marie Drive		Description of Item or Service Printing		M D Y Fair Market Value 0 4 0 6 0 9 \$180.00
City Upper Arlington		State OH	Zip Code	Received at Fundraising Event? <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 OH	Zip Code	Received at Fundraising Event? <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 OH	Zip Code	Received at Fundraising Event? <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 OH	Zip Code	Received at Fundraising Event? <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 OH	Zip Code	Received at Fundraising Event? <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 OH	Zip Code	Received at Fundraising Event? <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 OH	Zip Code	Received at Fundraising Event? <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 OH	Zip Code	Received at Fundraising Event? <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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO

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