

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

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FRANKLIN COUNTY
BOARD OF ELECTIONS

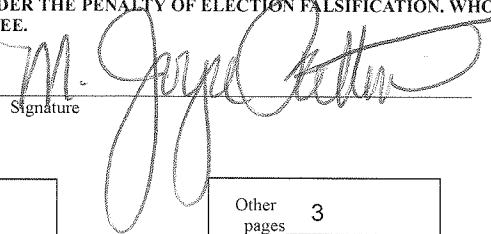
Full Name of Committee Vote Dempsey Committee		Registration Number, if PAC	
Full Name of Candidate Mark Dempsey			
Street Address 1305 Westwood Avenue		Office Sought Municipal Clerk	District
City Columbus		State OH	Zip Code 43212
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Annual Year
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input checked="" type="checkbox"/> Semiannual 2009
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 D Y

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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$0.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$0.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$671.13
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$1,000.00
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.

M. Joyce Patton, Treasurer



07/06/2009

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 0

Expenditure pages 0

Other pages 3

Total pages 3

In-Kind Contributions Received

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Name of Committee in Full				
Vote Dempsey Committee				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Brian Lovely				
Street Address	Description of Item or Service		M	D
3264 Milton Avenue	Web site development		0	2
City	State	Zip Code	Y	Fair Market Value
Columbus	OH	43202	9	\$671.13
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
City	State	Zip Code	Y	Fair Market Value
	OH			
Received at Fundraising Event?				
<input type="radio"/> YES <input type="radio"/> NO				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
	OH			
Received at Fundraising Event?				
<input type="radio"/> YES <input type="radio"/> NO				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
	OH			
Received at Fundraising Event?				
<input type="radio"/> YES <input type="radio"/> NO				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
	OH			
Received at Fundraising Event?				
<input type="radio"/> YES <input type="radio"/> NO				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
	OH			
Received at Fundraising Event?				
<input type="radio"/> YES <input type="radio"/> NO				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
	OH			
Received at Fundraising Event?				
<input type="radio"/> YES <input type="radio"/> NO				

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Vote Dempsey Committee									
To Whom Owed Brian Lovely					Prior Amount \$671.13			Amt. Incurred this Period \$0.00	
Address 3264 Milton Avenue					Item or Purpose of Debt Website			Outstanding Balance \$0.00	
City Columbus			Sta te OH	Zip Code 43202		Payments This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
					0	2	23	0	9
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed Tactical Edge/marc Gaunce					Prior Amount \$1,000.00			Amt. Incurred this Period \$0.00	
Address 929 Harrison Avenue					Item or Purpose of Debt Consulting			Outstanding Balance \$1,000.00	
City Columbus			Sta te O	Zip Code 43215		Payments This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
					1	0	0	1	0
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			Sta te	Zip Code		Payments This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 671.13 (also record on Form 31-B)

Total Outstanding Balance \$ 1,000.00 (also record on cover page)