

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
10 MAY 27 PM 3:34

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Citizens For Grandview's Future						Registration Number, if PAC				
Full Name of Candidate										
Street Address <i>1543 Wyandotte Road</i>				Office Sought		District				
City <i>Grandview Heights</i>				State OH		Zip Code <i>43212</i>				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary <i>2010</i>	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input checked="" 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	<i>05</i>	<i>04</i>	<i>10</i>	

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)	\$	\$700.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$700.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$700.00
6. Balance on hand (line 4 minus line 5)	\$	\$0.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
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)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
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.

Deena Snapp, Susan Jagers

Print Name and Title (Treasurer and Deputy Treasurer only)

Deena Snapp
Signature
Susan M Jagers

05/28/2010

Date

Contribution pages 1

Expenditure pages 1

Other pages _____

Total pages 2

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens For Grandviews Future									
Full Name of Contributor Susan M. Jagers							Registration Number, if PAC		
Street Address 1543 Wyandotte Road				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43212		M D Y 0 4 0 7 1 0		Amount \$50.00	
Full Name of Contributor Patrik G. Bowman							Registration Number, if PAC		
Street Address 4050 Glenmont Place				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43214		M D Y 0 4 1 7 1 0		Amount \$150.00	
Full Name of Contributor Fraternal Order of Police							Registration Number, if PAC		
Street Address 6800 Schrock Hill Court				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43229		M D Y 0 5 0 4 1 0		Amount \$500.00	
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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Grandview's Future									
To Whom Paid Susan M. Jagers						M	D	Y	Amount \$627.66
Address 1543 Wyandotte Road			Purpose Purchase of yard signs,campaign literature, and copies.						
City Columbus		State OH	Zip Code 43212	Check Number 1001					
To Whom Paid Grandview Heights Parks and Recreation Dept.						M	D	Y	Amount \$72.34
Address 1515 Goodale Blvd.			Purpose For Pierce Field Fund						
City Columbus		State OH	Zip Code 43212	Check Number 1002					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State OH	Zip Code	Check Number					