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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Citizens for a Strong Gahanna</b>						Registration Number, if PAC		
Full Name of Candidate								
Street Address <b>146 Granville Street, Suite D</b>					Office Sought		District	
City <b>Gahanna</b>						State <b>O   H</b>	Zip Code <b>43230</b>	
Type of Report (place X to the left of report type)	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary	<b>2013</b>	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 <b>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>

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.

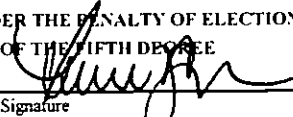
1. Amount brought forward from last report	\$	1,397.00
2. Total monetary contributions (From Form No. 31-A)	\$	2,600.00
3. Total other income (From Form No. 31-A-2)	\$	750.00
4. Total funds available (sum of lines 1, 2, 3)	\$	4,747.00
5. Total monetary expenditures (From Form No. 31-B)	\$	4,744.90
6. Balance on hand (line 4 minus line 5)	\$	2.10
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	27.60
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)	\$	250.00
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

**Laurel Naegele, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature



**6/13/13**

Date

Contribution pages 1

Expenditure pages 1

Other pages 4

Total pages 6

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for a Strong Gahanna</b>							
Full Name of Contributor <b>FOP Political Education Fund</b>					Registration Number, if PAC		
Street Address <b>6800 Schrock Hill Ct</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43229</b>	M <b>0   4</b>	D <b>2   0</b>	Y <b>1   3</b>	Amount <b>1,000.00</b>
Full Name of Contributor <b>Michael J. Underwood</b>					Registration Number, if PAC		
Street Address <b>891 Dark Star Ave</b>			Employer/Occupation/Labor Organization* <b>Porter Wright/Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>		State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   4</b>	D <b>2   4</b>	Y <b>1   3</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Porter Wright</b>					Registration Number, if PAC		
Street Address <b>41 South High Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   4</b>	D <b>2   4</b>	Y <b>1   3</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Orchard, Hiltz &amp; McCliment, Inc.</b>					Registration Number, if PAC		
Street Address <b>34000 Plymouth Road</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Livonia</b>		State <b>M   I</b>	Zip Code <b>48150</b>	M <b>0   4</b>	D <b>2   5</b>	Y <b>1   3</b>	Amount <b>1,000.00</b>
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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for a Strong Gahanna</b>						
Full Name <b>Citizens for Jolley</b>				Registration Number, if PAC		
Address <b>187 Regents Road</b>	Type* <b>I   N</b>		M <b>0</b>	D <b>4</b>	Y <b>2   9</b>	Amount <b>750.00</b>
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	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, place the letters 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 a Strong Gahanna												
To Whom Paid						M	D	Y	Amount			
Hot Cards						0	4	2	3	1	3	889.92
Address			Purpose									
27 East 5th Ave			Printing									
City		State	Zip Code		Check Number							
Columbus		O   H	43201		DC							
To Whom Paid						M	D	Y	Amount			
Hot Cards						0	4	2	3	1	3	111.00
Address			Purpose									
27 East 5th Ave			Printing									
City		State	Zip Code		Check Number							
Columbus		O   H	43201		DC							
To Whom Paid						M	D	Y	Amount			
Hot Cards						0	4	2	4	1	3	332.01
Address			Purpose									
27 East 5th Ave			Printing									
City		State	Zip Code		Check Number							
Columbus		O   H	43201		DC							
To Whom Paid						M	D	Y	Amount			
Hot Cards						0	4	2	4	1	3	491.05
Address			Purpose									
27 East 5th Ave			Printing									
City		State	Zip Code		Check Number							
Columbus		O   H	43201		DC							
To Whom Paid						M	D	Y	Amount			
Hot Cards						0	4	2	9	1	3	481.05
Address			Purpose									
27 East 5th Ave			Printing									
City		State	Zip Code		Check Number							
Columbus		O   H	43201		DC							
To Whom Paid						M	D	Y	Amount			
Hot Cards						0	5	0	1	1	3	1,000.00
Address			Purpose									
27 East 5th Ave			Printing									
City		State	Zip Code		Check Number							
Columbus		O   H	43201		DC							
To Whom Paid						M	D	Y	Amount			
Hot Cards						0	5	0	2	1	3	439.87
Address			Purpose									
27 East 5th Ave			Printing									
City		State	Zip Code		Check Number							
Columbus		O   H	43201		DC							
To Whom Paid						M	D	Y	Amount			
Citizens for Jolley						0	6	0	7	1	3	1,000.00
Address			Purpose									
187 Regents Road			Loan Repayment									
City		State	Zip Code		Check Number							
Gahanna		O   H	43230		101							

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for a Strong Gahanna</b>			
Full Name of Contributor <b>Citizens for Jolley</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>187 Regents Road</b>	Description of Item or Service <b>Postage</b>	M   D   Y <b>0   6   0   1   7   1   1   3</b>	Fair Market Value <b>27.60</b>
City <b>Gahanna</b>	State   Zip Code <b>O   H   43230</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

\* 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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for a Strong Gahanna</b>									
From Whom Received <b>Citizens for Jolley</b>							Prior Amount <b>500.00</b>		Amt. Incurred this Period <b>750.00</b>
Address <b>187 Regents Road</b>									Outstanding Balance <b>250.00</b>
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>		Loans Received This Period Date			Payments This Period Date	
					Amount			Amount	
Date Loan was originally Incurred		M:   D:   Y:	M:   D:   Y:	M:   D:   Y:	\$	750.00	M:   D:   Y:	M:   D:   Y:	\$
0   2   2   7   1   3		0   4   2   9   1   3					0   6   0   7   1   3		1000.00
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			Payments This Period Date	
					Amount			Amount	
Date Loan was originally Incurred		M:   D:   Y:	M:   D:   Y:	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			Payments This Period Date	
					Amount			Amount	
Date Loan was originally Incurred		M:   D:   Y:	M:   D:   Y:	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 \$ 500.00
- 2 Total received this period \$ 750.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 1,000.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 250.00 (To Form No. 30-A)

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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Citizens for a Strong Gahanna</b>						Registration Number, if PAC			
Full Name of Candidate									
Street Address <b>143 Granville Street, Suite D</b>					Office Sought		District		
City <b>Gahanna</b>						State <b>O   H</b>	Zip Code <b>43230</b>		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> X	<b>2013</b> Pre-Primary		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 <b>0   5</b>	D <b>0   7</b>	Y <b>1   3</b>	

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	\$	1.00
2. Total monetary contributions (From Form No. 31-A)	\$	1,750.00
3. Total other income (From Form No. 31-A-2)	\$	500.00
4. Total funds available (sum of lines 1, 2, 3)	\$	2,251.00
5. Total monetary expenditures (From Form No. 31-B)	\$	854.00
6. Balance on hand (line 4 minus line 5)	\$	1,397.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	75.44
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)	\$	500.00
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 FOURTH DEGREE

**Laurel Naegele, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

*April 23, 2013*

Contribution pages 1

Expenditure pages 1

Other pages 4

Total pages 6

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for a Strong Gahanna</b>							
Full Name of Contributor <b>Citizens for Jolley</b>					Registration Number, if PAC		
Street Address <b>187 Regents Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   1</b>	D <b>0   9</b>	Y <b>1   3</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Wiles, Boyle, Burkholder, Bringardner Co., LPA PAC</b>					Registration Number, if PAC <b>CP-1058</b>		
Street Address <b>300 Spruce Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   4</b>	D <b>0   6</b>	Y <b>1   3</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>John B Hobson</b>					Registration Number, if PAC		
Street Address <b>1831 Sutton Place</b>		Employer/Occupation/Labor Organization* <b>Playworld Midstates/Managing Partner</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Newark</b>	State <b>O   H</b>	Zip Code <b>43055</b>	M <b>0   4</b>	D <b>1   1</b>	Y <b>1   3</b>	Amount <b>1,000.00</b>	
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	

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# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for a Strong Gahanna</b>						Registration Number, if PAC		
Full Name <b>Citizens for Jolley</b>						Registration Number, if PAC		
Address <b>187 Regents Rd</b>		Type* <b>L   N</b>		M <b>0   2</b>	D <b>2   7</b>	Y <b>1   3</b>	Amount <b>500.00</b>	
City <b>Gahanna</b>		State <b>O   H</b>		Zip Code <b>43230</b>		Form(Cash,Check,etc) <b>Check</b>		
Full Name						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
City		State		Zip Code		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, place the letters 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 <b>Citizens for a Strong Gahanna</b>							
To Whom Paid <b>Hot Cards</b>				M	D	Y	Amount
				0	2	2	106.75
Address <b>27 E 5th Ave</b>		Purpose <b>Printing</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43201</b>	Check Number <b>DC</b>			
To Whom Paid <b>Hot Cards</b>				M	D	Y	Amount
				0	3	0	384.30
Address <b>27 E 5th Ave</b>		Purpose <b>Printing</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43201</b>	Check Number <b>DC</b>			
To Whom Paid <b>Hot Cards</b>				M	D	Y	Amount
				0	3	2	362.95
Address <b>27 E 5th Ave</b>		Purpose <b>Printing</b>					
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43201</b>	Check Number <b>DC</b>			
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			

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for a Strong Gahanna</b>				
Full Name of Contributor <b>Citizens for Jolley</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>187 Regents Rd</b>		Description of Item or Service <b>Postage</b>		M   D   Y   Fair Market Value <b>0   4   1   7   1   3   75.44</b>
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* 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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for a Strong Gahanna</b>														
From Whom Received <b>Citizens for Jolley</b>								Prior Amount <b>0.00</b>		Amt. Incurred this Period <b>500.00</b>				
Address <b>187 Regents Road</b>										Outstanding Balance <b>500.00</b>				
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>		Loans Received This Period Date			Amount		Payments This Period Date			Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	500	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		
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		

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

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 500.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 500.00 (To Form No. 30-A)

FILED

# Ohio Campaign Finance Report

2013 JAN 31 AM 11:25

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY

Full Name of Committee <b>Citizens for a Strong Gahanna</b>		Registration Number, if ELECTIONS	
Full Name of Candidate			
Street Address <b>146 Granville Street, Suite D</b>		Office Sought	District
City <b>Gahanna</b>		State <b>O H</b>	Zip Code <b>43230</b>
Type of Report (place X to the left of report type)	Pre-Primary July Monthly	Post-Primary August Monthly	Pre-General September Monthly
			Post-General Termination
			Annual Year <b>2012</b> 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 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 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	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	1.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	1.00
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	1.00
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

Print Name and Title (Treasurer and Deputy Treasurer only) **Lauren Nabholz, Treasurer**

Signature *Lauren Nabholz*

Date **1/30/2013**

Contribution pages 1

Expenditure pages 0

Other pages 1

Total pages 2

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for a Strong Gahanna</b>							
Full Name of Contributor <b>Laurel Naegele</b>				Registration Number, if PAC			
Street Address <b>786 Caroway Blvd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Gahanna</b>	State <b>O H</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>2</b>	Y <b>3 0</b>	Amount <b>1.00</b>	
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	

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