

BACKGROUND & SUMMARY INFORMATION

NAME Amy J. Salay

STREET ADDRESS 5789 Gaelic Ct.

CITY Dublin STATE OH ZIP CODE 43016

OFFICE SOUGHT City Council Rep. - Ward 2

NAME OF TREASURER Mark A. Gray

TYPE OF REPORT

32 DAYS PRIOR TO ELECTION

11 DAYS PRIOR TO ELECTION

38 DAYS FOLLOWING ELECTION

Cumulative total of all contributions received,
from campaign start through current report
date

(from Statement of Contributions Received
total)

\$ 1,775.00

Cumulative value of all in-kind contributions received,
from campaign start through current report
date

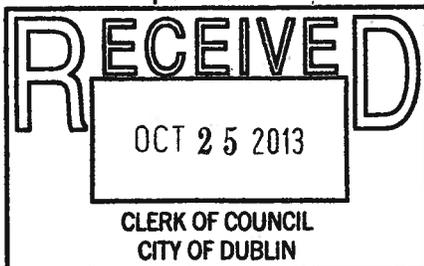
(from Statement of In-Kind Contributions Received
total)

\$ 275.00

Cumulative total of all expenditures made,
from campaign start through current report
date

(from Statement of Expenditures
total)

\$ 619.68



30-A
R.C. 3517.10



Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens to Re-Elect Amy Salay						Registration Number, if PAC									
Full Name of Candidate Amy Salay															
Street Address 5789 Gaelic Ct				Office Sought City Council Rep			District Ward 2								
City Dublin						State OH	Zip Code 43016								
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input checked="" 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 type="checkbox"/>	Termination	<input type="checkbox"/>	Semi annual					
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			1	M	1	0	D	5	1	Y	3

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	\$	\$799.08
2. Total monetary contributions (From Form No. 31-A)	\$	\$925.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$1,724.08
5. Total monetary expenditures (From Form No. 31-B)	\$	\$568.76
6. Balance on hand (line 4 minus line 5)	\$	\$1,155.32
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$275.00
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.

Mark A. Gray
Print Name and Title (Treasurer and Deputy Treasurer only)

Mark A Gray
Signature

10/23/2013
Date

Contribution pages 2

Expenditure pages 1

Other pages 1

Total pages 4

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Re-Elect Amy Salay						
Full Name of Contributor Jackie Stinchfield				Registration Number, if PAC		
Street Address 265 Waterford Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 4	Amount \$100.00
Full Name of Contributor Wilma Ehrlich				Registration Number, if PAC		
Street Address 5554 Brighton Hill Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	M 1	D 0	Y 4	Amount \$50.00
Full Name of Contributor Jeffrey S. Bennett				Registration Number, if PAC		
Street Address 5697 Grantham Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	M 1	D 0	Y 4	Amount \$75.00
Full Name of Contributor Pat Shinnick				Registration Number, if PAC		
Street Address St Fillans Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Dublin	State OH	Zip Code	M 1	D 0	Y 4	Amount \$50.00
Full Name of Contributor Scott Aliff				Registration Number, if PAC		
Street Address 5899 Haddler Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	M 1	D 0	Y 4	Amount \$75.00
Full Name of Contributor Lisa Dicks				Registration Number, if PAC		
Street Address 5988 Heather Glen		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	M 1	D 0	Y 4	Amount \$25.00
Full Name of Contributor Jeffery Drenup				Registration Number, if PAC		
Street Address 10711 Weymouth		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Powell	State OH	Zip Code 43065	M 1	D 0	Y 4	Amount \$20.00
Full Name of Contributor Christopher Cline				Registration Number, if PAC		
Street Address 6060 Post Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 4	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 also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Citizens to Re-Elect Amy Salay							
Full Name of Contributor						Registration Number, if PAC	
Michael Gilfillan							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2653 Summer Dr						check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43016	1	0	0	8	\$50.00
Full Name of Contributor						Registration Number, if PAC	
Michelle Greiwe							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
7042 Shady Nelms						check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43017	1	0	0	8	\$100.00
Full Name of Contributor						Registration Number, if PAC	
Kevin Griffin							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
5559 Kinvarra						Cash	
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43016	1	0	0	8	\$100.00
Full Name of Contributor						Registration Number, if PAC	
T Hoitink							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
361 Monterey Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43017	1	0	1	5	\$50.00
Full Name of Contributor						Registration Number, if PAC	
Martha Cooper							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
6894 Running Deer Pl						check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43017	1	0	2	0	\$30.00
Full Name of Contributor						Registration Number, if PAC	
James Frazier							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
6017 Kenzie Ln						check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43017	1	0	2	2	\$150.00
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	
	OH						
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	
	OH						

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens to Re-Elect Amy Salay										
To Whom Paid Industrial Bag Company						M	D	Y	Amount \$87.74	
Address PO Box 83052						Purpose Mailing Bags				
City Columbus			State OH	Zip Code 43203		Check Number Debit Card				
To Whom Paid Minuteman Press						M	D	Y	Amount \$481.02	
Address 5887 Karric Sq						Purpose Printing of Mailers				
City Dublin			State OH	Zip Code 43016		Check Number Debit Card				
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				
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City			State OH	Zip Code		Check Number				

FOR PAPER FILING ONLY

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Re-Elect Amy Salay			
Full Name of Contributor Amy Salay	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 5789 Gaelic Ct	Description of Item or Service Re-Election Signs (Previously used)	M D Y 1 0 0	Fair Market Value \$275.00
City Dublin	State OH	Zip Code 43016	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 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 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 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 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 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 type="radio"/> NO

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\$ 275.00



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INVOICE

Invoice Number: 38511
Invoice Date: 10/10/2013

Bill To: Amy Salay
5789 Gaelic Ct
Dublin OH 43016

Ship To: Amy Salay
5789 Gaelic Ct
Dublin OH 43016

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	Invoice Total \$481.02
	Balance Due \$481.02

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2% interest per month on past-due invoices.

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