



**BACKGROUND & SUMMARY INFORMATION**

NAME Alex Schaffer  
STREET ADDRESS 2856 Devonwood Ct.  
CITY Dublin STATE OH ZIP CODE 43017  
OFFICE SOUGHT Ward A - DCC  
NAME OF TREASURER Alex Schaffer

**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)

\$ 0

Cumulative value of all in-kind contributions received,  
from campaign start through current report  
date  
(from Statement of In-Kind Contributions Received  
total)

\$ 0

Cumulative total of all expenditures made,  
from campaign start through current report  
date  
(from Statement of Expenditures  
total)

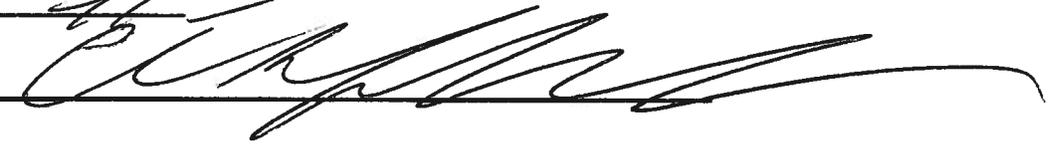
\$ 0

**SIGNATURE**

By signing below, I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful and correct disclosure of all required information.

Name:  Alex Schaefer

Date: 

Signature: 

# Statement of Contributions Received

Name of Candidate or Campaign Committee in Full						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Street Address Continued			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Street Address Continued			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Street Address Continued			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Street Address Continued			Form (Cash, Check, etc.)	
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Street Address		Street Address Continued			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Street Address Continued			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Street Address Continued			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Street Address Continued			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

# Statement of In-Kind Contributions Received

Name of Candidate or Campaign Committee in Full				
Full Name of Contributor		Street Address Continued		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		Street Address Continued		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		Street Address Continued		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		Street Address Continued		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		Street Address Continued		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		Street Address Continued		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		Street Address Continued		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		Street Address Continued		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

# Statement of Expenditures

Name of Candidate or Campaign Committee in Full										
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				
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				