

BACKGROUND & SUMMARY INFORMATION

NAME Amy Salay

STREET ADDRESS 5789 gaelic ct

CITY Dublin STATE OH ZIP CODE 43014

OFFICE SOUGHT City Council Member, Ward 2

NAME OF TREASURER Mark 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)

\$ 1,779.77

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)

\$ 1,779.77

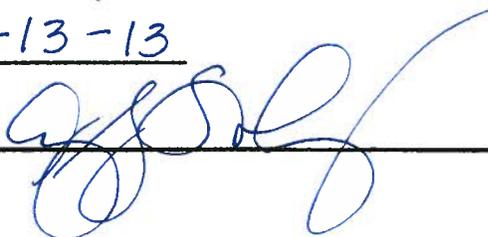


SIGNATURE

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: Amy Salay

Date: 12-13-13

Signature:  _____

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 type="checkbox"/>	Pre-General	<input checked="" 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"/> 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	1	0	5	1	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	\$	\$913.79
2. Total monetary contributions (From Form No. 31-A)	\$	\$184.77
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$1,098.56
5. Total monetary expenditures (From Form No. 31-B)	\$	\$1,098.56
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.

Mark A. Gray

Print Name and Title (Treasurer and Deputy Treasurer only)

Mark A. Gray
Signature

12/09/2013

Date

Contribution pages 1

Expenditure pages 1

Other pages 3

Total pages 5

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 Martha Cooper				Registration Number, if PAC 1		
Street Address 6894 Running Deer Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 2 0 1 3	Amount \$30.00
Full Name of Contributor James Frazier				Registration Number, if PAC		
Street Address 6017 Kenzie Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 2 2 1 3	Amount \$150.00
Full Name of Contributor <i>Amy Salay</i>				Registration Number, if PAC		
Street Address <i>5789 gaelic Ct</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>cash</i>	
City <i>Dublin, OH</i>	State OH	Zip Code <i>H3014</i>	M 1	D 1	Y 3 0 1 3	Amount 4.77
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
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)]

\$184.77

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens to Re-Elect Amy Salay							
To Whom Paid ProForma Graphics Svc				M	D	Y	Amount \$473.48
Address 6341 Nicholas Dr				Purpose Election Flyer			
City Columbus		State OH	Zip Code 43235	Check Number 1001			
To Whom Paid ProForma Graphics Svc				M	D	Y	Amount \$537.68
Address 6341 Nicholas Dr				Purpose Election Signs			
City Columbus		State OH	Zip Code 43235	Check Number 1002			
To Whom Paid Bluehost Inc.				M	D	Y	Amount \$87.40
Address 560 Timpanogos Pkwy				Purpose campaign website			
City Orem		State UT	Zip Code 84097	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			

PROforma

ONE SOURCE. INFINITE RESOURCES.
Proforma Graphic Services
Telephone (614) 760-5800
Email graphicservices@proforma.com

Remit-to
Proforma
P.O. Box 640814
Cincinnati, OH 45264-0814

Business address
Amy Salay
Attn: Amy Salay
4786 Belfield Ct.
Dublin, OH 43017

Preview invoice

Invoice #
Document date : 10/18/2013
Page : 1 of 1
Sales order : S0329009187
Customer PO#
Your ref. : Yard Sign
Entered by : TEM
Payment Terms : Net 30
Invoice account : C032902662
Customer account C032902662
Salesperson : Jim Shindler

Delivery address
Proforma Graphic Services
6341 Nicholas Dr
Columbus, OH 43235

Item	Description	Quantity	Unit	Unit price	Amount
Yard Sign	Amy Salay Political Sign	100	EA	4.6500 / 0	465.0000
Artwork	Design Services	1	EA	37.5000	37.5000

*PAID CR # 1002
11/9/13*

Subtotal
502.50

Freight subtotal
0.00

Tax Amount
35.18

Invoice Amount
\$537.68 USD

Original Invoice REMITTANCE ADVICE

Please detach this portion and return with your payment

PAY THIS AMOUNT

Invoice account	Invoice number	Invoice date	Balance Due	
C032902662		10/18/2013	\$537.68	USD

Invoice-to

Amy Salay
4786 Belfield Ct.
Dublin, OH 43017

Remit-to

Proforma
P.O. Box 640814
Cincinnati, OH 45264-0814

*6341 NICHOLAS DR
COLUMBUS, OH 43235*

PROforma

ONE SOURCE. INFINITE RESOURCES:

Proforma Graphic Services

Telephone : (614) 760-5800

mail : graphicservices@proforma.com

Remit-to

Proforma

P.O. Box 640814

Cincinnati, OH 45264-0814

Business address

Amy Salay

Attn: Amy Salay

4786 Belfield Ct.

Dublin, OH 43017

Invoice

Invoice # : 903290005388

Document date : 10/30/2013

Page : 1 of 1

Sales order : S0329009760

Customer PO# : A Salay

Your ref. : Flyer

Entered by : LED

Payment Terms : Net 30

Invoice account : C032902662

Customer account: C032902662

Salesperson : Jim Shindler

Post-general report

Delivery address

Proforma

6341 Nicholas Drive

Columbus, OH 43235

Item	Description	Quantity	Unit	Unit price	Amount
Flyer	Amy Salay Flyer	2,500	EA	442.5000 / 2,500	442.5000

*PAID
CHK# 1001
11/9/13*

Subtotal
442.50

Freight subtotal
0.00

Tax Amount
30.98

Invoice Amount
\$473.48 USD

Original Invoice

Website expense

Bank of America Online

Account Info

View history for: S30 - Checking - \$0.00

Date	Description	Deposit	Withdrawal	Balance
12/09/13	ACTBLUE DUBLIN.COM		143.36	143.36
12/04/13	Check Card: BLU*AMYSALAYFORDUBLIN.COM 888-4014678 UT 12/03/13	\$55.96		\$365.65
01/10/13	Check Card: BLU*AMYSALAYFORDUBLIN.COM 888-4014678 UT 07/09/13		\$143.36	\$274.77

143.34 - initial exp.
- 55.94 - credit when closed
87.40 ← total expense for website
amysalayfordublin.com

BACKGROUND & SUMMARY INFORMATION

NAME Amy Salay

STREET ADDRESS 5789 Gaelic Ct.

CITY Dublin STATE OH ZIP CODE 43016

OFFICE SOUGHT City Council member, Ward 2

NAME OF TREASURER Mark Gray

TYPE OF REPORT

X 32 DAYS PRIOR TO ELECTION

X 11 DAYS PRIOR TO ELECTION - amended

___ 38 DAYS FOLLOWING ELECTION

This report contains the information filed in the 32 day prior report as well as the 11 day prior report.

Cumulative total of all contributions received, from campaign start through current report date
(from Statement of Contributions Received total)

\$ 1,595.00

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)

\$ 681.21

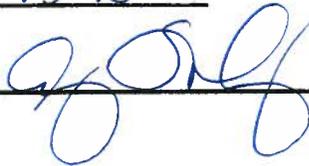


SIGNATURE

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: Amy J. Salay

Date: 12-13-13

Signature: 

This amended report has information that should have been included on previously filed reports. Receipts were located and the dates examined and we realized our errors. Additionally, the purchase from Sticker You was first reported as \$50.⁸². The actual amount was \$48.37, due to the ~~the~~ \$US and \$CN exchange rate difference the day the funds were deducted from the bank account.

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"/>	Semianual		
Amended Report? <input checked="" type="checkbox"/> Yes <input 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		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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$1,595.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$1,595.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$681.21
6. Balance on hand (line 4 minus line 5)	\$	\$913.79
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

12/9/2013
Date

Contribution pages 3

Expenditure pages 1

Other pages 6

Total pages 10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizen to Re-Elect Amy Salay						
Full Name of Contributor Amy Salay				Registration Number, if PAC		
Street Address 5789 Gaelic Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	M 0	D 9	Y 0 1 1 3	Amount \$500.00
Full Name of Contributor Mark A Gray - Campaign Treasurer				Registration Number, if PAC		
Street Address 4786 Belfield Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 0	D 9	Y 2 3 1 3	Amount \$150.00
Full Name of Contributor David Bromwich				Registration Number, if PAC		
Street Address 6300 Post Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 0 2 1 3	Amount \$100.00
Full Name of Contributor Sandra Augustine				Registration Number, if PAC		
Street Address 6300 Post Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 0 2 1 3	Amount \$100.00
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

* 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 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 0413	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 0413	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 0413	Amount \$75.00
Full Name of Contributor Pat Shinnick				Registration Number, if PAC		
Street Address 5495 Linworth Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43235	M 1	D 0	Y 0413	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 0413	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 0413	Amount \$25.00
Full Name of Contributor Jeffery Drerup				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 0413	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 0413	Amount \$50.00

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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 Michael Gilfillan					Registration Number, if PAC		
Street Address 2653 Summer Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin		State OH	Zip Code 43016	M 1	D 0	Y 0	Amount \$50.00
Full Name of Contributor Michelle Greiwe					Registration Number, if PAC		
Street Address 7042 Shady Nelms		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin		State OH	Zip Code 43017	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor Kevin Griffin					Registration Number, if PAC		
Street Address 5559 Kinvarra		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Dublin		State OH	Zip Code 43016	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor T Hoytink					Registration Number, if PAC		
Street Address 361 Monterery Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43017	M 1	D 0	Y 1	Amount \$50.00
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

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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 Fair Market Value 1 0 0 5 1 3 \$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

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens to Re-Elect Amy Salay							
To Whom Paid			M	D	Y	Amount	
StickersYou			0	9	17	13	\$48.37
Address		Purpose					
219 Duffgrin Ave		Adhesive stickers for Re-Election Signs - Treasurer name					
City		State	Zip Code		Check Number		
Toronto, Ontario, Canada M6K3J1					Debit Card		
To Whom Paid			M	D	Y	Amount	
Wal-Mart			0	9	23	13	\$8.46
Address		Purpose					
5900 Britton Pkwy		envelopes, labels					
City		State	Zip Code		Check Number		
Dublin		OH	43016		debt card		
To Whom Paid			M	D	Y	Amount	
USPS			0	9	25	13	\$27.60
Address		Purpose					
6400 Emerald Pkwy		Postage Stamps					
City		State	Zip Code		Check Number		
Dublin		OH	43016		debt card		
To Whom Paid			M	D	Y	Amount	
Office Max			0	9	24	13	\$9.62
Address		Purpose					
5789 Britton Pkwy		Print paper					
City		State	Zip Code		Check Number		
Dublin		OH	43016		debt card		
To Whom Paid			M	D	Y	Amount	
USPS			1	0	04	13	\$18.40
Address		Purpose					
6400 Emerald Pkwy		Postage Stamps					
City		State	Zip Code		Check Number		
Dublin		OH	43016		debt card		
To Whom Paid			M	D	Y	Amount	
Industrial Bag Co			1	0	09	13	\$87.74
Address		Purpose					
1000E 5th Ave		Mailing Bags					
City		State	Zip Code		Check Number		
Columbus		OH	43201		debt card		
To Whom Paid			M	D	Y	Amount	
Minuteman Press			1	0	10	13	\$481.02
Address		Purpose					
5887 Karric Sq		Printing of Mailers					
City		State	Zip Code		Check Number		
Dublin		OH	43016		debt card		
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City		State	Zip Code		Check Number		
		OH					

Pre. general amended report

OfficeMax®

OfficeMax #652
5780 BRITTON PARKWAY
DUBLIN, OH 43017
(614) 760-9122

0652 03 9994 09/24/13 12:54:19 PM

SALE

601952630576 \$8.99
 LH Faded Glory 100pk ~~\$4.99~~
 883585826926 # 9.62
 HP 60 Retail Combo Pack

SubTotal 8.99 \$43.98
 Tax 7.000% x 71. \$3.08
 TOTAL x 63 \$47.06

VISA \$47.06
 Card number: XXXXXXXXXXXX8760
 Authorization 012603

OfficeMax

06800-97953-02002-08950-10043-73041



Tell us about your shopping experience
 and get \$5 off your next \$25 purchase.
 Visit officemaxfeedback.com and enter
 the following Survey Code:
 0652-03-9994-9

OfficeMax doesn't just provide great
 values, we also live them. OfficeMax has
 been named one of 2013s World's Most
 Ethical Companies. For more information
 visit OfficeMax.com/ethics.

OfficeMax

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 ORDER BY WEB www.officemax.com

Walmart*

Save money. Live better.

(614) 717 - 9660
 MANAGER CARLA PETERSEN
 5900 BRITTON PKWY
 DUBLIN OH 43016

ST# 2471 OP# 00002670 TE# 15 TR# 07228
 → ENVELOPE 007431974014 3.47 X
 → ADDRESS LBL 007278248860 4.44 X
 THEATER BOX 003400054150 F 0.98 N
 SUBTOTAL 8.89

** VOIDED ENTRY **
 THEATER BOX 003400054150 F 0.98-N
 SUBTOTAL 7.91
 TAX 1 7.000 X 0.55
 TOTAL 8.46
 VISA TEND 8.46

ACCOUNT # **** * 6606 S
 APPROVAL # 966443
 REF # 326700299550
 TRANS ID - 0303267521327950
 VALIDATION - 5F48
 PAYMENT SERVICE - E
 TERMINAL # 18003181

09/24/13 10:28:52

CHANGE DUE 0.00

ITEMS SOLD 2

TC# 9580 6434 4566 2350 1490



Layaway is back. Get started today
 Sept. 13 - Dec. 13
 09/24/13 10:28:53

CUSTOMER COPY

EXPENSE
POSTAGE STAMPS
 Amy PAID FROM
 Her IN-KIND
 CONTRIBUTION

DUBLIN MPO
 6400 EMERALD PKWY
 DUBLIN, OH 43016-9998

09/25/2013 STAMPS 09:03:04 PM

Product Description	Sale Qty	Unit Price	Final Price
Forever® Postage	40	\$.46	\$18.40
Forever® Postage	20	\$.46	\$9.20
Total:			\$27.60
Paid by:			
VISA			
Account #:	XXXXXXXXXXXX8760		
Approval #:	699991		
Transaction #:	991		
	23-901990069-99		
SSK Transaction #:	72		
USPS® #	382289-9550		

DUBLIN MPO
 6400 EMERALD PKWY
 DUBLIN, OH 43016-9998

10/04/2013 STAMPS 11:23:10 AM

Product Description	Sale Qty	Unit Price	Final Price
Forever® Postage	40	\$.46	\$18.40
Total:			\$18.40
Paid by:			
VISA			
Account #:	XXXXXXXXXXXX8760		
Approval #:	699360		
Transaction #:	360		
	23-901990069-99		
SSK Transaction #:	11		
USPS® #	382289-9550		

Thanks.
 It's a pleasure to serve you.

ALL SALES FINAL ON STAMPS AND POSTAGE.
 FUNDS FOR GUARANTEED SERVICES ONLY.

Industrial Bag Company

Industrial Bag Company
P.O. BOX 83002
COLUMBUS, OHIO 43203-0052
614/294-4495

DUNS - 00-426-1126 FED TAX IDENT NO 31-1237925

INVOICE
DATE

INVOICE
NO.

PAGE

10/09/13 168133 1

invoice

IF YOU ARE A BUSINESS BUYER, PLEASE PRINT YOUR NAME AND COMPANY NAME IN THE ORDER NUMBER FIELD ON THE BOTTOM OF THIS INVOICE.

10/09/13

SHIP TO: STEVE SALAY

ORDER NO.	ORDER DATE	CUSTOMER NO.	SALES PERSON	PURCHASE ORDER NO.	SHIP VIA	SHIP DATE	TERMS
7700	10/09/13	HTAL	GA	VERBAL	YOUR ACCOUNT	10/09/13	NET

QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE	TAX	AMOUNT
2000	5.5" X 16" X 1 5/8" LIP CLEAR	19.00	38000.00		38000.00
2000	6" X 16" X 1 5/8" LIP CLEAR	19.00	38000.00		38000.00

TERMINAL NO. *****

DATE OF ORDER TIME: 11:00

ORDER NO. 7700

ALPHABETIC

ALPHABETIC

ALPHABETIC

ALPHABETIC

TOTAL 867.74



AGREEMENT TO PURCHASE

TERMS AND CONDITIONS

ORDER NO. 7700

THANK YOU
DATE

NET AMOUNT	867.74
REG. CHARGES	0.00
FREIGHT	0.00
TOTAL	867.74



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Minuteman Press
5887 Karric Square Dr
Dublin, Ohio 43016

Phone: 614-792-3399 / Fax: 614-792-5303

Web: www.dublin.minutemanpress.com

E-mail: dublin@minutemanpress.com

INVOICE

Invoice Number: 36511
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

WE ACCEPT MASTERCARD, VISA AND AMERICAN EXPRESS
Thank You for Your Business!

Description	Price
1,500 Flyers (Job 56988)	\$449.55

Tax	\$31.47
Invoice Total	\$481.02
Balance Due	\$481.02

Terms:

2% interest per month on past-due invoices.

Please pay from this invoice. No statements will be sent.

Thank you for your order,
Minuteman Press

Received By: _____

- Sticker you expense -

Dividends Paid Year to Date 0.00

BUSINESS PLUS CHECKING - 21

Beginning Balance	+	Deposits & Other Credits (4)	-	Withdrawals & Other Debits (4)	=	Ending Balance
\$0.00		\$655.30		\$-62.13		\$593.17

Post	Eff			
Date	Date	Transaction Description	Amount	Balance
09-06		Beginning Balance		0.00
09-06		Deposit Transfer	505.00	505.00
		From SALIM STEPHEN A 0000022794 8/16/90		
09-06		Withdrawal Transfer To Share 07	-5.00	500.00
09-19		Withdrawal Debit Card 38236	-48.37	451.63
		September 17, 2013 74897293261337110576610 STICKERYOU! 8774378825 ON		
09-24		Deposit by Check	150.00	601.63
09-25		Withdrawal Debit Card 96644	-8.46	593.17
		September 24, 2013 24455013267141005846004 WAL-MART #2471 DUBLIN OH		
09-26		Deposit ACH PAYPAL	0.12	593.29

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

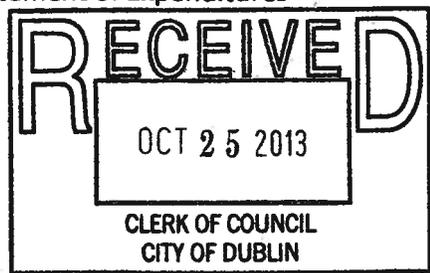
(from Statement of In-Kind Contributions Received
total)

\$ 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"/>	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		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 0413	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 0413	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 0413	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 0413	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 0413	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 0413	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 0413	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 0413	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 Michael Gilfillan				Registration Number, if PAC		
Street Address 2653 Summer Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	M 1	D 0	Y 0813	Amount \$50.00
Full Name of Contributor Michelle Greiwe				Registration Number, if PAC		
Street Address 7042 Shady Neims		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 0813	Amount \$100.00
Full Name of Contributor Kevin Griffin				Registration Number, if PAC		
Street Address 5559 Kinvarra		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Dublin	State OH	Zip Code 43016	M 1	D 0	Y 0813	Amount \$100.00
Full Name of Contributor T Hoytink				Registration Number, if PAC		
Street Address 361 Monterey Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 1513	Amount \$50.00
Full Name of Contributor Martha Cooper				Registration Number, if PAC		
Street Address 6894 Running Deer Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 2013	Amount \$30.00
Full Name of Contributor James Frazier				Registration Number, if PAC		
Street Address 6017 Kenzie Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 2213	Amount \$150.00
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

* 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 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 5 1 3	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
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

* 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)]

\$ 275.00

It's in the bag!

Central Ohio Bag & Burlap, Inc.



Industrial Bag Company
P.O. BOX 83052
COLUMBUS, OHIO 43203-0052
614 / 294-4495

DUNS - 00-429-1126 FED TAX IDENT. NO. 31-1237925

INVOICE DATE	INVOICE NO.	PAGE
--------------	-------------	------

10/09/13 168133 1

invoice

STOCKING CHARGE ON ALL ORDERS \$25.00 TERMS: NET 10 DAYS - 2% PER MONTH SERVICE CHARGE ADDED AFTER 30 DAYS. 15%
CHARGE ON ALL RETURNED CHECKS!!

OLD TO: SHIP TO: STEVE SALAY

ORDER NO.	ORDER DATE	CUSTOMER NO.	SALES PERSON	PURCHASE ORDER NO.	SHIP VIA	SHIP DATE	TERMS
77602	10/09/13	MISC	900	VERBAL	YOUR PICKUP	10/09/13	NET

QUANTITY		ITEM NUMBER	ITEM DESCRIPTION	UNIT PRICE	PER. UNIT	AMOUNT
ORDERED	SHIPPED					
2000	2000	010-0516-DB	[REDACTED]	19.00	M	38.00
2000	2000	010-0916-DB	[REDACTED]	22.00	M	44.00

CENTRAL OH BAG AND BURLAP
1800 E. 5TH AVE.
COLUMBUS, OH. 43201-306

TERMINAL I.D.: 0003563700000206870002

MERCHANT #: 444320000020687

VISA
*****6636 *

SALE
RECORD #: 3 INV: 000003
DATE: OCT 09, 13 TIME: 11:11
BATCH: 850

AUTH: 610047

CVV2 RESPONSE: N

TOTAL \$87.74

PAID

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY

CLAIMS OR ADJUSTMENTS
MUST BE MADE WITHIN 30 DAYS OF INVOICE
DATE. NO MERCHANDISE MAY BE
RETURNED WITHOUT OUR WRITTEN
PERMISSION.

**THANK YOU
PAID**

SALE AMOUNT	82.00
MISC. CHARGES	.00
FREIGHT	.00
SALES TAX	5.74
TOTAL	87.74
PAYMENT REC'D	

COPIES COVERED BY THIS INVOICE WERE PRODUCED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF THE FAIR



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Press.**

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5887 Karric Square Dr
Dublin, Ohio 43016
Phone: 614-792-3399 / Fax: 614-792-5303
Web: www.dublin.minutemanpress.com
E-mail: dublin@minutemanpress.com

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

WE ACCEPT MASTERCARD, VISA AND AMERICAN EXPRESS
Thank You for Your Business!

Description	Price
1,500 Flyers (Job 56988)	\$449.55
	Tax \$31.47
	Invoice Total \$481.02
	Balance Due \$481.02

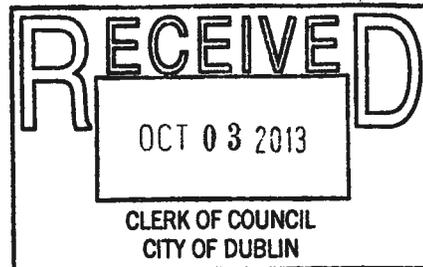
Terms:

2% interest per month on past-due invoices.

Please pay from this invoice. No statements will be sent.

Thank you for your order,
Minuteman Press

Received By: _____



BACKGROUND & SUMMARY INFORMATION

NAME Amy J. Salay
STREET ADDRESS 5789 Gaelic Court
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)

\$ 850.00

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

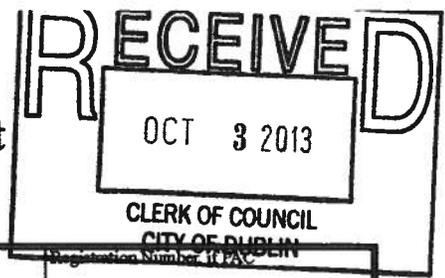
\$ —

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

\$ 50.92

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05



Full Name of Committee Citizens to Re-Elect Amy Salay						Registration Number 10230					
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 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 checked="" type="checkbox"/>	September Monthly	<input 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		1	1	0	5	1	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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$850.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$850.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$50.92
6. Balance on hand (line 4 minus line 5)	\$	\$799.08
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.

Mark A. Gray

Print Name and Title (Treasurer and Deputy Treasurer only)

Mark A. Gray
Signature

10/03/2013

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 to Re-Elect Amy Salay												
Full Name of Contributor Amy Salay - Candidate, self funding							Registration Number, if PAC					
Street Address 5789 Gaelic Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Dublin		State OH	Zip Code 43016	M 0	D 9	Y 0	M 0	D 1	Y 1	Amount \$500.00		
Full Name of Contributor Mark A Gray - Campaign Treasurer												
Street Address 4786 Belfield Ct							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin		State OH	Zip Code 43017	M 0	D 9	Y 2	M 3	D 1	Y 3	Amount \$150.00		
Full Name of Contributor David Bromwich and Sandra Augustine												
Street Address 6300 Post Rd							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin		State OH	Zip Code 43017	M 1	D 0	Y 0	M 2	D 1	Y 3	Amount \$200.00		
Full Name of Contributor												
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code	M	D	Y	M	D	Y	Amount		
Full Name of Contributor												
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code	M	D	Y	M	D	Y	Amount		
Full Name of Contributor												
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code	M	D	Y	M	D	Y	Amount		
Full Name of Contributor												
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code	M	D	Y	M	D	Y	Amount		
Full Name of Contributor												
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code	M	D	Y	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 to Re-Elect Amy Salay						
To Whom Paid StickersYou			M	D	Y	Amount \$50.92
Address 219 Duffgrin Ave		Purpose Adhesive stickers for Re-Election Signs - Treasurer name				
City Toranto, Ontario, Canada M6K3J1		State	Zip Code	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		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code	Check Number		

Handwritten signature