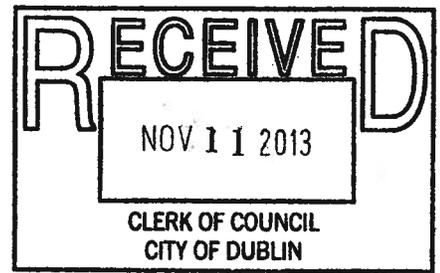


BACKGROUND & SUMMARY INFORMATION



NAME JOHN G. REINER

STREET ADDRESS 8977 TURIN HILL CT N.

CITY DUBLIN STATE OH ZIP CODE 43017

OFFICE SOUGHT CITY COUNCIL WARD II

NAME OF TREASURER SELF-FUNDED

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)

\$ 7813.03

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)

\$ 7813.03

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: JOHN G. REINER

Date: NOV 10 2013

Signature: 

Statement of Contributions Received

Name of Candidate or Campaign Committee in Full John G. REINER SELF FUNDED.									
Full Name of Contributor SAME					Registration Number, if PAC				
Street Address 8777 TURIN Hill CT			Street Address Continued			Form (Cash, Check, etc.)			
City DUBLIN			State OH	Zip Code 43017		M 11	D 10	Y 03	Amount 7813.⁰³
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.)			
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			
JOHN G REINER SELF FUNDED			
Full Name of Contributor	Street Address Continued	Registration Number, if PAC	
SAME		N/A	
Street Address	Description of Item or Service	M	D Y Fair Market Value
8977 TURIN HILL	N/A		N/A N/A
City	State Zip Code	Received at Fundraising Event?	
DUBLIN OHIO	OH 43017	<input type="checkbox"/> YES <input type="checkbox"/> NO N/A	
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 JOHN G. REINER							
To Whom Paid WORD PRESS .COM				M	D	Y	Amount 99⁰⁰
Address WORD PRESS .COM		Purpose PURCHASE WEB SITE					
City WEB SITE		State T	Zip Code —	Check Number M.C.			
To Whom Paid PATRIOT SIGNAGE				M	D	Y	Amount 1716.54
Address 1001 SECOND AVE		Purpose YARD SIGNS					
City DAYTON		State OH	Zip Code 454074	Check Number M.C.			
To Whom Paid GEMMY MILLIS				M	D	Y	Amount 500⁰⁰
Address 248 BRIGHTON		Purpose CREATE WEB SITE					
City COLUMBUS		State OH	Zip Code 43202	Check Number 13879			
To Whom Paid KING STRATEGIS COMMUNICATIONS INC				M	D	Y	Amount 4795⁹⁹
Address 750 CROSS POINT BLVD .		Purpose MAILER + POSTAGE					
City GAHANNA		State OH	Zip Code 43230	Check Number 13884			
To Whom Paid THIS WEEK PUBLIC VILLAGER PAPER				M	D	Y	Amount 701.⁵⁰
Address 7801 N. CENTRAL DR.		Purpose AD'S					
City LEWIS CENTER		State OH	Zip Code 43035	Check Number 1380			
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			

Page Totals **7813.⁰³**

Campaign / Organization
ID No. Billing Information
Client Contact

John Reiner		
Dublin City Council Ward 3		

1840	Paid for by John Reiner	
	8977 Turin Hill Court N	
Dublin	Ohio	43017

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Piece No.	Drop Date	Message	Qty.	List	Production		Postage		Grand Total	Balance Due
					Each	Total	Each	Total		
184018815	10/7/2013	Dublin is Home_Print	3,000	n/a	.571	\$1,713.00	n/a	\$0.00	\$1,713.00	\$1,713.00
184018818	10/14/2013	Dublin is Home_Walklit	1,439	n/a	n/a	\$0.00	n/a	\$0.00	\$0.00	\$0.00
184018820	10/24/2013	Dedicated to Dublin	1,561	Dublin_Ward_3_Core	.65	\$1,014.65	.225	\$351.23	\$1,365.88	\$1,365.88
184018819	10/28/2013	Dublin Pride	1,561	Dublin_Ward_3_Core	.65	\$1,014.65	.225	\$351.23	\$1,365.88	\$1,365.88
184018816	10/29/2013	Dublin is Home_Mailing	1,561	Dublin_Ward_3_Core	n/a	\$0.00	.225	\$351.23	\$351.23	\$351.23

Total Balance Due \$4795.99

Select one:

The Columbus Dispatch

ThisWeek

ON Target

Cash With Copy and Pre-Paid Advertising Form

Retail

National

Legal

Classified

Transient

Contract: No Yes. If Yes, Type of Contract: _____

Account: John K... for ... Acct ID: 101 73 453

Name In Advertisement: _____

Address: _____

Street

City

State

Zip

Telephone #: _____

Person Placing Ad: John K...

Product/Ad#	Date (expire)	Rate	x	Space	=	Gross Amount	+ Premium/	- Discount	=	Cost
<u>15537320</u>	<u>10/31</u>	<u>549.70</u>	<u>x</u>	<u>1/10</u>	<u>=</u>	<u>549.70</u>		<u>-</u>	<u>=</u>	<u>549.70</u>
<u>15537315</u>	<u>10/31</u>	<u>151.50</u>	<u>x</u>	<u>1/10</u>	<u>=</u>	<u>151.50</u>		<u>-</u>	<u>=</u>	<u>151.50</u>
_____	_____	_____	<u>x</u>	_____	<u>=</u>	_____		<u>-</u>	<u>=</u>	_____
_____	_____	_____	<u>x</u>	_____	<u>=</u>	_____		<u>-</u>	<u>=</u>	_____
_____	_____	_____	<u>x</u>	_____	<u>=</u>	_____		<u>-</u>	<u>=</u>	_____
_____	_____	_____	<u>x</u>	_____	<u>=</u>	_____		<u>-</u>	<u>=</u>	_____

+ Payment on Account \$ _____

Amex / Discover

Circle One
Visa / MC

Expiration Date: _____

Account # Below

Acct.: _____

Total Amt Due: \$ 701.50

Method of Payment

Amt Paid by Check# _____ : \$ 701.50

Signature: _____

Amt Paid by Credit Card: \$ _____

Salesperson: John K...

Date: 10/31, 2013

Cashier: _____

Date: _____, _____

White- A/R Cashier

Yellow- Credit

Pink- Salesperson

Gold- Advertiser

Rev 1/07