

**MANDATORY CAMPAIGN FINANCE DISCLOSURE STATEMENT
FOR CANDIDATES AND CAMPAIGN COMMITTEES FOR
CITY OF DUBLIN ELECTIVE OFFICES**

CAMPAIGN FINANCE DISCLOSURE STATEMENT

This form must be filed with the Clerk of Council:

- **By 4:00 p.m. on the Friday, 32 days before the date of an election (October 2, 2015)**
- **By 4:00 p.m. on the Friday, 11 days before the date of an election (October 23, 2015); and**
- **By 4:00 p.m. on the Friday, 38 days after the date of an election. (December 11, 2015)**

GENERAL INFORMATION

Section 31.08 of the Dublin Codified Ordinances, as amended by Ordinance Nos. 94-09 and 03-12 requires candidates for City of Dublin elected offices and their campaign committees to file this disclosure statement. This statement is in addition to any reports or statements that candidates must file as required by Ohio Revised Code Section 3517.10 and notwithstanding any statement or reports not required to be filed under the same chapter of the Ohio Revised Code.

Each disclosure statement shall include an itemized description of every contribution or in-kind contribution received and every expenditure made since the most recent disclosure form filed by the candidate and campaign committee. Aggregate expenditures and contributions must be indicated on this form, as requested. The names and addresses of each contributor and recipient of expenditures must also be provided.

This report will be published on the City's website, in the Dublin Villager, or any other accepted medium, as designated by Council.

Any candidate or campaign committee that fails to file a required report or fails to provide any information required in any such report is guilty of a fourth degree misdemeanor.

In addition to these requirements, Section 31.07 of the Dublin Codified Ordinances prohibits candidates for City of Dublin Council and their campaign committees from accepting more than \$150 (ward elections) or \$250 (at-large elections) in campaign contributions or in-kind contributions combined from any person, political action committee, separate segregated fund, political contributing entity, campaign committee, political party or other organization per calendar year.

BACKGROUND & SUMMARY INFORMATION

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT _____

NAME OF TREASURER _____

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)

\$ _____

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)

\$ _____

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: _____

Date: _____

Signature: _____

BACKGROUND & SUMMARY INFORMATION

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

OFFICE SOUGHT _____

NAME OF TREASURER _____

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)

\$ _____

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)

\$ _____

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: _____

Date: _____

Signature: _____

STATEMENT OF CONTRIBUTIONS RECEIVED

Contribution means any money, loan, gift, deposit, forgiveness of indebtedness, donation, advance, payment, or transfer of funds or anything of value, including a transfer of funds from an inter vivos or testamentary trust or decedent's estate, which contribution is received for the purpose of influencing the results of an election. Pursuant to Section 31.07 of the Dublin Codified Ordinances, no combined contribution and in-kind contribution from any person, corporation, or organization can exceed \$150 in ward elections or \$250 in at-large elections. If you need more space to fully answer any question, attach additional sheets, with your name and the applicable question number(s) on each sheet.

- Every contributor's name, complete address, date of contribution and amount contributed must be listed, regardless of amount of the contribution.
- The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example, Ohio would appear as OH.
- The Date block should be completed with six digits. For example, March 9, 2008, would appear as 03 09 08.
- The date of a contribution is the date that the candidate or an agent of the campaign committee receives the contribution. It is not the date of deposit or the date on the check. For example, if a candidate announces a campaign fundraiser to be held on November 1, 2009, and on October 28, 2009, an individual gives the campaign treasurer a check to attend the fundraiser, the Date block would appear as 10 28 09.
- The form in which the contribution is received must be indicated, such as check, cash or money order. Cash means currency or coin.
- A contribution received from a statewide political action committee must list its state registration number. A contribution from a federal political action committee must include its federal registration number.
- You should not list the names of two contributors in the Full Name of the Contributor field. Each contribution received from individuals must be attributed to a single person. When a check has more than one individual listed on it, ask who the actual contributor is or list the person who signed the check.
- Contributors may not remain anonymous by request. If a contributor does not want to be identified, the contribution should not be made. However, if an anonymous contribution is received, efforts must be made by the committee to identify the contributor. If the efforts are unsuccessful, the contribution should have an explanation of the circumstances that caused it to be anonymous and a description of the efforts made to determine the contributor's identity. This information should appear in the address portion of the contribution page entry.

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.)		
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 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.)		
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 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.)	
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

In-kind contribution means anything of value other than money that is used to influence the results of an election or is transferred to or used in support of or in opposition to a candidate, campaign committee and that is made with the consent of, in coordination, cooperation, or consultation with, or at the request or suggestion of the benefited candidate or campaign committee. These contributions shall be given a fair market value by the candidate or the campaign committee. Pursuant to Section 31.07 of the Dublin Codified Ordinances, no combined contribution and in-kind contribution from any person, corporation, or organization can exceed \$150 in ward elections or \$250 in at-large elections. If you need more space to fully answer any question, attach additional sheets, with your name and the applicable question number(s) on each sheet.

- The Statement of In-Kind Contributions Received form is used to report when the candidate or campaign committee receives items or services. All in-kind contributions must be itemized. For example, if someone donates postage stamps for use by the committee, the form would show the date they were received, the name and street address of who gave them, that it was stamps that were received and the fair market value of the stamps. The date that should be used is the date on which the item was received or benefit occurred.
- This form is also used when items or services are purchased by the candidate or someone else on behalf of the candidate or campaign committee and for which reimbursement is not requested or desired (“out of pocket” expenses).
- The Date block should be completed with six digits. For example, March 9, 2008, would appear as 03 09 08.
- The State block should be completed with the U.S. Post Office’s standard two-letter abbreviation. For example, Ohio would appear as OH.

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 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
City		State	Zip Code	Y	Fair Market Value
Full Name of Contributor		Street Address Continued		Received at Fundraising Event?	
Street Address		Description of Item or Service		<input type="checkbox"/> YES	<input type="checkbox"/> NO
City		State	Zip Code	Registration Number, if PAC	
Full Name of Contributor		Street Address Continued		M	D
Street Address		Description of Item or Service		Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?	
Full Name of Contributor		Street Address Continued		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Street Address		Description of Item or Service		Registration Number, if PAC	
City		State	Zip Code	M	D
Full Name of Contributor		Street Address Continued		Y	Fair Market Value
Street Address		Description of Item or Service		Received at Fundraising Event?	
City		State	Zip Code	<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
City		State	Zip Code	Y	Fair Market Value
Full Name of Contributor		Street Address Continued		Received at Fundraising Event?	
Street Address		Description of Item or Service		<input type="checkbox"/> YES	<input type="checkbox"/> NO
City		State	Zip Code	Registration Number, if PAC	
Full Name of Contributor		Street Address Continued		M	D
Street Address		Description of Item or Service		Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?	
Full Name of Contributor		Street Address Continued		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Street Address		Description of Item or Service		Registration Number, if PAC	
City		State	Zip Code	M	D
Full Name of Contributor		Street Address Continued		Y	Fair Market Value
Street Address		Description of Item or Service		Received at Fundraising Event?	
City		State	Zip Code	<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
City		State	Zip Code	Y	Fair Market Value
Full Name of Contributor		Street Address Continued		Received at Fundraising Event?	
Street Address		Description of Item or Service		<input type="checkbox"/> YES	<input type="checkbox"/> NO
City		State	Zip Code	Registration Number, if PAC	
Full Name of Contributor		Street Address Continued		M	D
Street Address		Description of Item or Service		Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?	
Full Name of Contributor		Street Address Continued		<input type="checkbox"/> YES	<input type="checkbox"/> NO

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	

STATEMENT OF EXPENDITURES

Expenditure means the disbursement or use of a contribution for the purpose of influencing the results of an election. If you need more space to fully answer any question, attach additional sheets, with your name and the applicable question number(s) on each sheet.

- The Statement of Expenditures lists the purpose for which funds were used, the name and address of the entity to which the expenditure was made, and the amount and date of the expenditures.
- Expenditures should be reported on a cash basis (i.e. reported as of the date funds are transmitted to pay for items or services received). The date listed for each expenditure should be the date that a check or other payment instrument is mailed, handed over, or transmitted. For example, if the campaign committee orders yard signs and receives the signs on October 10, 2008, along with an invoice for the yard signs, but does not pay the invoice until November 15, 2008, the expenditure should be reported as being made on 11 15 08.
- List each payee's complete address.
- The Date block should be completed with six digits. For example, March 9, 2008, would appear as 03 09 08.
- The Purpose block should list the specific reason that the expense was made; purposes such as "expense" or "miscellaneous" are vague, and therefore, not acceptable.
- The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example, Ohio would appear as OH.
- The Check Number block should be completed with the number of the campaign committee check used to make the expenditure. Expenditures made by personal check should not be listed on this form.
- Copies of canceled checks or receipts for all expenses must be attached to this report or a copy of the campaign committee bank or credit card statement may be submitted.
- A check or portion of contribution from a contributor that is returned because of insufficient funds or because it violated contribution limitations should be itemized on this form, stating the name, address, amount and reason.

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				

