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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for Brandt</b>						Registration Number, if PAC									
Full Name of Candidate <b>William Michael Brandt (Mike Brandt)</b>															
Street Address <b>3931 Roslyn Ave</b>						Office Sought <b>Councilman</b>			District <b>2</b>						
City <b>Kettering</b>						State <b>OH</b>		Zip Code <b>45429</b>							
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	8	1	Y	1

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)	\$	\$1,651.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$1,651.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$1,155.42
6. Balance on hand (line 4 minus line 5)	\$	\$495.58
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$93.38
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.	\$	\$0.00

BOARD OF ELECTIONS  
 MONTGOMERY COUNTY OHIO  
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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.

**Irina Bruns**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

10/19/2011

Date

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Other pages \_\_\_\_\_

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Full Name of Contributor Ashley Webb						Registration Number, if PAC			
Street Address 321 S. Bromfield Rd			Employer/Occupation/Labor Organization* Kettering City Council				Form (Cash, Check, etc.) Check		
City Kettering		State OH	Zip Code 45429		M 0	D 9	Y 1	Amount 250.00	
Full Name of Contributor Michael Brandt						Registration Number, if PAC			
Street Address 3931 Roslyn Ave			Employer/Occupation/Labor Organization* Radiance Technologies				Form (Cash, Check, etc.) Check		
City Kettering		State OH	Zip Code 45429		M 0	D 9	Y 1	Amount 400.00	
Full Name of Contributor Doug Arnold						Registration Number, if PAC			
Street Address 4605 Castle Pines Cove			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal		
City Georgetown		State TX	Zip Code 78628		M 0	D 9	Y 1	Amount 250.00	
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	
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	
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	
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	
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	

\* 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 appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
To Whom Paid						M	D	Y	Amount			
Schuerholtz Printing						0	9	2	3	1	1	241.82
Address				Purpose								
3540 Marshal Road				Postcards								
City		State		Zip Code		Check Number						
Kettering		OH		45429		1002						
To Whom Paid						M	D	Y	Amount			
Schuerholtz Printing						1	0	0	6	1	1	813.20
Address				Purpose								
3540 Marshal Road				Signs								
City		State		Zip Code		Check Number						
Kettering		OH		45429		1003						
To Whom Paid						M	D	Y	Amount			
MotoPhoto						0	9	1	1	1	1	100.40
Address				Purpose								
3150 East Dorthy Lane				Professional Photo								
City		State		Zip Code		Check Number						
Kettering		OH		45429		1004						
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						