

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Brown for Kettering City Council						Registration Number, if PAC					
Full Name of Candidate David Todd Brown											
Street Address 2613 South Blvd.						Office Sought Kettering City Council			District 1		
City Kettering						State O H		Zip Code 45419			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X Pre-General		Post-General		Annual Year		
	July		August		September		Termination		Semiannual		
Monthly		Monthly		Monthly		Monthly		Monthly		Monthly	
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			M	D	Y
						1 1			0 8		1 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 at 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	\$
2. Total monetary contributions (From Form No. 31-A)	\$ 2,975.00
3. Total other income (From Form No. 31-A-2)	\$ 2,000.26
4. Total funds available (sum of lines 1, 2, 3)	\$ 4,975.26
5. Total monetary expenditures (From Form No. 31-B)	\$ 3,033.64
6. Balance on hand (line 4 minus line 5)	\$ 1,941.62
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 2,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 626.60
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

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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.

Kristin M. Vandavee
 Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
 Signature

10-26-11
 Date

Contribution pages 2

Expenditure pages 1

Other pages 7

Total pages 10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Brown for Kettering City Council						
Full Name of Contributor John Staten				Registration Number, if PAC		
Street Address 1682 Ladera Trail		Employer/Occupation/Labor Organization* Chairman, O'Neil & Associates			Form (Cash, Check, etc.) Check	
City Centerville	State O H	Zip Code 45459	M 0	D 8	Y 2 8 1 1	Amount 1,000.00
Full Name of Contributor Harold Rieck				Registration Number, if PAC		
Street Address 6600 Grants Hill Circle		Employer/Occupation/Labor Organization* Owner, Rieck Services			Form (Cash, Check, etc.) Check	
City Centerville	State O H	Zip Code 45459	M 0	D 8	Y 2 9 1 1	Amount 500.00
Full Name of Contributor Lance Stewart				Registration Number, if PAC		
Street Address 3116 Blossom Heath		Employer/Occupation/Labor Organization* Owner, Oakwood Club			Form (Cash, Check, etc.) Check	
City Kettering	State O H	Zip Code 45419	M 0	D 9	Y 0 8 1 1	Amount 100.00
Full Name of Contributor Mr. and Mrs. Charles Kuhnwald				Registration Number, if PAC		
Street Address 2346 Broadmoor		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check	
City Kettering	State O H	Zip Code 45419	M 0	D 9	Y 1 5 1 1	Amount 25.00
Full Name of Contributor Mrs. Lynda Brown				Registration Number, if PAC		
Street Address 5685 Stringtown Rd.		Employer/Occupation/Labor Organization* Manager, Honda America			Form (Cash, Check, etc.) Cash	
City Piqua	State O H	Zip Code 45536	M 0	D 9	Y 1 8 1 1	Amount 100.00
Full Name of Contributor Mr. David P. Brown				Registration Number, if PAC		
Street Address 5685 Stringtown Rd.		Employer/Occupation/Labor Organization* Self, DB Express			Form (Cash, Check, etc.) Cash	
City Piqua	State O H	Zip Code 45356	M 0	D 9	Y 1 8 1 1	Amount 100.00
Full Name of Contributor Mrs. Amy Schrimpf				Registration Number, if PAC		
Street Address 4573 James maidson Trail N.		Employer/Occupation/Labor Organization* Kettering City Council			Form (Cash, Check, etc.) Credit Card	
City Kettering	State O H	Zip Code 45440	M 1	D 0	Y 0 7 1 1	Amount 100.00
Full Name of Contributor Mr. Dennis F. Quebe				Registration Number, if PAC		
Street Address 640 Uplands Camp Rd.		Employer/Occupation/Labor Organization* President, Quebe Holdings			Form (Cash, Check, etc.) Check	
City Kettering	State O H	Zip Code 45419	M 1	D 0	Y 0 1 1 1	Amount 1,000.00

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

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Brown for Kettering City Council						
Full Name of Contributor Harold and Louise Fecher				Registration Number, if PAC		
Street Address 2030 Craig Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Kettering	State OH	Zip Code 45420	M 1	D 0	Y 11	Amount 50.00
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
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 Brown for Kettering City Council												
To Whom Paid Randd Associates						M	D	Y	Amount			
						0	8	3	0	1	1	137.40
Address 4725 S. Kettering Blvd.			Purpose 1000 bus cards; 250 - 5x7 postcards, WO#48789									
City Dayton			State O	H	Zip Code 45439	Check Number 1						
To Whom Paid Randd Associates						M	D	Y	Amount			
						0	9	1	5	1	1	1,000.00
Address 4725 S. Kettering Blvd.			Purpose Deposit for Yard Signs									
City Dayton			State O	H	Zip Code 45439	Check Number 2						
To Whom Paid Randd Associates						M	D	Y	Amount			
						0	9	2	7	1	1	1,397.15
Address 4725 S. Kettering Blvd.			Purpose Distribution Flyers									
City Dayton			State O	H	Zip Code 45439	Check Number 3						
To Whom Paid Randd Associates						M	D	Y	Amount			
						0	9	2	7	1	1	416.83
Address 4725 S. Kettering Blvd.			Purpose Remaining Balance for Yard Signs									
City Dayton			State O	H	Zip Code 45439	Check Number 4						
To Whom Paid Randd Associates						M	D	Y	Amount			
						1	0	0	3	1	1	54.06
Address 4725 S. Kettering Blvd.			Purpose Absentee Ballott Postcards									
City Dayton			State O	H	Zip Code 45439	Check Number 5						
To Whom Paid Ohio Ethics Commission						M	D	Y	Amount			
						1	0	0	6	1	1	25.00
Address			Purpose Filing Fee									
City Columbus			State O	H	Zip Code	Check Number 6						
To Whom Paid PayPal						M	D	Y	Amount			
						1	0	1	1	1	1	3.20
Address			Purpose Service fee for online contribution									
City			State	Zip Code	Check Number							
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City			State	Zip Code	Check Number							

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Brown for Kettering City Council														
From Whom Received David T. Brown								Prior Amount 0.00		Amt. Incurred this Period 2,000.00				
Address 2613 South Blvd.										Outstanding Balance 2,000.00				
City Kettering		State OH	Zip Code 45419		Loans Received This Period Date			Amount		Payments This Period Date			Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$	
		0	9	1	5	1	1		2000					
Registration Number, if PAC					M	D	Y			M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y		
From Whom Received								Prior Amount		Amt. Incurred this Period				
Address										Outstanding Balance				
City		State	Zip Code		Loans Received This Period Date			Amount		Payments This Period Date			Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$	
Registration Number, if PAC					M	D	Y			M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y		
From Whom Received								Prior Amount		Amt. Incurred this Period				
Address										Outstanding Balance				
City		State	Zip Code		Loans Received This Period Date			Amount		Payments This Period Date			Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$	
Registration Number, if PAC					M	D	Y			M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y		

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 2,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 2,000.00 (To Form No. 30-A)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Brown for Kettering City Council						
Full Name PayPal.com			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	I N		0	9	1 2 1 1	0.12
City	State	Zip Code	Form(Cash,Check,etc) electronic Depos			
Full Name PayPal.com			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	I N		0	9	1 2 1 1	0.14
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name Loan Transfer from form 31-C			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
						2,000.00
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received: RF for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or I.N for payments received on a loan made.

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Brown for Kettering City Council											
To Whom Owed Kristin K. Vandivier						Prior Amount 0.00		Amt. Incurred this Period 131.73			
Address 2613 South Blvd.						Item or Purpose for Debt Bus Cards and T		Outstanding Balance 131.73			
City Kettering				State OH		Zip Code 45419		Payments Made This Period			
						Date		Amount			
Date Debt was originally Incurred						M		D		Y	
Registration Number, if PAC						M		D		Y	
To Whom Owed David T. Brown						Prior Amount 0.00		Amt. Incurred this Period 28.89			
Address 2613 South Blvd.						Item or Purpose for Debt irect misprint or		Outstanding Balance 28.89			
City Kettering				State OH		Zip Code 45419		Payments Made This Period			
						Date		Amount			
Date Debt was originally Incurred						M		D		Y	
Registration Number, if PAC						M		D		Y	
To Whom Owed David T. Brown						Prior Amount 28.89		Amt. Incurred this Period 27.71			
Address 2613 South Blvd.						Item or Purpose for Debt Stencil - Rubbe		Outstanding Balance 27.71			
City Kettering				State OH		Zip Code 45419		Payments Made This Period			
						Date		Amount			
Date Debt was originally Incurred						M		D		Y	
Registration Number, if PAC						M		D		Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 188.33 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Brown for Kettering City Council									
To Whom Owed David T. Brown					Prior Amount 56.60			Amt. Incurred this Period 38.36	
Address 2613 South Blvd.					Item or Purpose for Debt er - Office Supp			Outstanding Balance 38.36	
City Kettering			State O H	Zip Code 45419		Payments Made This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y		
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed David T. Brown					Prior Amount 94.96			Amt. Incurred this Period 164.64	
Address 2613 South Blvd.					Item or Purpose for Debt Staples - Copies			Outstanding Balance 164.64	
City Kettering			State O H	Zip Code 45419		Payments Made This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y		
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed David T. Brown					Prior Amount 259.60			Amt. Incurred this Period 64.14	
Address 2613 South Blvd.					Item or Purpose for Debt mart - Office Supp			Outstanding Balance 64.14	
City Kettering			State O H	Zip Code 45419		Payments Made This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y		
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 267.14 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Brown for Kettering City Council									
To Whom Owed David T. Brown					Prior Amount 323.74			Amt. Incurred this Period 5.00	
Address 2613 South Blvd.					Item or Purpose for Debt y of Kettering, M			Outstanding Balance 5.00	
City Kettering			State OH	Zip Code 45419		Payments Made This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed Kristin K. Vandivier					Prior Amount 131.73			Amt. Incurred this Period 15.77	
Address 2613 South Blvd.					Item or Purpose for Debt ree - Bags for Vc			Outstanding Balance 15.77	
City Kettering			State OH	Zip Code 45419		Payments Made This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed Kristin K. Vandivier					Prior Amount 147.50			Amt. Incurred this Period 10.70	
Address 2613 South Blvd.					Item or Purpose for Debt ree - Bags for Vc			Outstanding Balance 10.70	
City Kettering			State OH	Zip Code 45419		Payments Made This Period			
					Date			Amount	
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 31.47 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Brown for Kettering City Council									
To Whom Owed Kristin K. Vandivier					Prior Amount 158.20		Amt. Incurred this Period 24.69		
Address 2613 South Blvd.					Item or Purpose for Debt eme - Food for		Outstanding Balance 24.69		
City Kettering			State O H	Zip Code 45419		Payments Made This Period			
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed Kristin K. Vandivier					Prior Amount 182.89		Amt. Incurred this Period 44.00		
Address 2613 South Blvd.					Item or Purpose for Debt tage for Absent		Outstanding Balance 44.00		
City Kettering			State O H	Zip Code 45419		Payments Made This Period			
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed Kristin K. Vandivier					Prior Amount 226.89		Amt. Incurred this Period 26.97		
Address 2613 South Blvd.					Item or Purpose for Debt eme - Food for		Outstanding Balance 26.97		
City Kettering			State O H	Zip Code 45419		Payments Made This Period			
					Date		Amount		
Date Debt was originally Incurred					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 95.66 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Brown for Kettering City Council											
To Whom Owed Kristin K. Vandivier						Prior Amount 253.86		Amt. Incurred this Period 44.00			
Address 2613 South Blvd.						Item or Purpose for Debt Charge for Absentee		Outstanding Balance 44.00			
City Kettering				State OH		Zip Code 45419					
Date Debt was originally Incurred						Payments Made This Period					
						Date				Amount	
				M		D		Y			
				M		D		Y			
Registration Number, if PAC						M		D		Y	
						M		D		Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period			
Address						Item or Purpose for Debt		Outstanding Balance			
City				State		Zip Code					
Date Debt was originally Incurred						Payments Made This Period					
						Date				Amount	
				M		D		Y			
				M		D		Y			
Registration Number, if PAC						M		D		Y	
						M		D		Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period			
Address						Item or Purpose for Debt		Outstanding Balance			
City				State		Zip Code					
Date Debt was originally Incurred						Payments Made This Period					
						Date				Amount	
				M		D		Y			
				M		D		Y			
Registration Number, if PAC						M		D		Y	
						M		D		Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 44.00 (also record on cover page)