Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee					,	Registrat	ion Num	oer, if P/	AC .	
Brown for Ketteri	ng City Council									
Full Name of Candidate										
David Todd Brow	/n									
Street Address				Office Sought				District		
2613 South Blvd.				Ketteri	ng City	Cour	ncil	1		
City						tate	Zip Cod	e		
Kettering					0	Н	454	19		
Type of Report	Pre-Primary	Post-Primary	X	Pre-General		Post-Ger	neral		Annu	al Year
(place X to the left of report	July	August		September					Semi	nnual
type)	Monthly	Monthly	- 1	Monthly		Terminal	ion			
Amended Report?	Report Elect	tronically filed?	1.			М		D		Y
☐ Yes ☑ No		Yes 🗹 No	Date of	Election	1 1	1	0	8	1	1
								<u></u>	-	
For candidates only, during an electi	ion year: if total contribution	s and expenditures each total	\$500 or less o	furing the combined	nre- and nos	-neriods a	t one ele	rtion		

	\$		l	
Amount brought forward from last report	Ψ			
2. Total monetary contributions (From Form No. 31-A)	\$	ු 2,97 5 .0 ම	2011	
3. Total other income (From Form No. 31-A-2)	\$	2,00 0.2 6	2011 OCT 27	2
4. Total funds available (sum of lines 1, 2, 3)	\$	4,975. 2 6		RECEIVED
5. Total monetary expenditures (From Form No. 31-B)	\$	ごり 3,03 3. 64	AM 10: 27	VED.
6. Balance on hand (line 4 minus line 5)	\$	1,941.62	: 27	
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	y m		
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	\$			

				REPORT IS MADE		1 1	1 / 1 .1	ALSIFICATI	ION. WHOE	ver //	. 2 la . 1	i
rin	t Name and Title	(Treasurer and	Deputy Treasu	nter only)	Sign	affure /	7 14			10	Date	<u> </u>
	Contribution			Expenditure		,	Other			Total		l
	pages	2		pages	1		pages	<u>7</u>		pages	<u>10</u>	

3	1 -	Α	
R	C	3517	10

Statement of Contributions Received

Name of Committee in Full Brown for Kettering City Council Full Name of Contributor John Staten Street Address Employer/Occupation/Labor Organization* Check City State Zip Code M D Y Amount Centerville O H 45459 0 8 2 8 1 1 1,000.0 Full Name of Contributor Harold Rieck Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check Check Check Check State Zip Code M D Y Amount Centerville O H 45459 0 8 2 8 1 1 1,000.0 Full Name of Contributor Registration Number, if PAC City State Zip Code M D Y Amount Check City State Zip Code M D Y Amount Centerville O H 45459 0 8 2 9 1 1 500.0 Full Name of Contributor Registration Number, if PAC Check City State Zip Code M D Y Amount Centerville O H 45459 0 8 2 9 1 1 500.0 Registration Number, if PAC Registration Number, if PAC
Full Name of Contributor John Staten Street Address 1682 Ladera Trail Chairman, O'Neil & Associates City Centerville Full Name of Contributor Harold Rieck Street Address 6600 Grants Hill Circle City Centerville OH 45459 OH 45459 OH DY Amount Registration Number, if PAC Form (Cash, Check, etc.) Check Registration Number, if PAC Form (Cash, Check, etc.) Registration Number, if PAC Form (Cash, Check, etc.) Check Street Address Genous Trail Chairman, O'Neil & Associates Check M D Y Amount Centerville Owner, Rieck Services Check City State Zip Code M D Y Amount Centerville OH 45459 OH 45459 OH 29 1 1 500.0 Registration Number, if PAC Registration Number, if PAC
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Centerville O H 45459 0 8 2 8 1 1 1 1,000.0 Full Name of Contributor Registration Number, if PAC Harold Rieck Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 6600 Grants Hill Circle Owner, Rieck Services Check City State Zip Code M D Y Amount Centerville O H 45459 0 8 2 9 1 1 500.0 Full Name of Contributor Registration Number, if PAC
Full Name of Contributor Harold Rieck Street Address $6600 \text{ Grants Hill Circle}$ City Centerville Full Name of Contributor Centerville Full Name of Contributor Lance Stewart Registration Number, if PAC Registration Number, if PAC Form (Cash, Check, etc.) Check M D Y Amount $0 + 45459$ Registration Number, if PAC
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Centerville O H 45459 0 8 2 9 1 1 500.0 Full Name of Contributor Lance Stewart O H 45459 0 8 2 9 1 1 500.0
Full Name of Contributor Lance Stewart Registration Number, if PAC
Lance Stewart
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)
3116 Blossom Heath Owner, Oakwood Club Check
City State Zip Code M D Y Amount
Kettering O H 45419 0 9 0 8 11 100.0
Full Name of Contributor Registration Number, if PAC
Mr. and Mrs. Charles Kuhnwald
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)
2346 Broadmoor Check
City State Zip Code M D Y Amount
Kettering O H 45419 0 9 1 5 1 1 25.0
Full Name of Contributor Registration Number, if PAC
Mrs. Lynda Brown Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)
5685 Stringtown Rd. Manager, Honda America Cash City State Zip Code M D Y Amount
Piqua O H 45536 0 9 1 8 1 1 100.0 Full Name of Contributor Registration Number, if PAC
Mr. David P. Brown Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)
5685 Stringtown Rd. Self, DB Express Cash
City State Zip Code M D Y Amount
Piqua O H 45356 0 9 1 8 1 1 100.
Full Name of Contributor Registration Number, if PAC
Mrs. Amy Schrimpf
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)
4573 James maidson Trail N. Kettering City Council Credit Card
City State Zip Code M D Y Amount
Kettering O H 45440 1 0 0 7 1 1 100.
Full Name of Contributor Registration Number, if PAC
Mr. Dennis F. Quebe
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)
640 Uplands Camp Rd. President, Quebe Holdings Check
City State Zip Code M D Y Amount
Kettering O H 45419 1 0 0 1 1 1 1 1,000.

* 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)]

Page	Total \$	2,925.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

	r resembed by Se	scretary of state 5/05				
Name of Committee in Full						
Brown for Kettering City Council						
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
Harold and Louise Fecher						T
Street Address	Employer/Occup	oation/Labor Organization*	•			Form (Cash, Check, etc.)
2030 Craig Dr.		Tar. o. v			T 37	
City	State O H	Zip Code	M	D	Y	Amount
Kettering Full Name of Contributor	OH	45420	1 0	1 0		50.00
run Name of Contributor			Registia	don Num	bei, ii i A	ic .
Street Address	Employer/Occur	pation/Labor Organization*	k			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor		•	Registra	tion Num	ber, if PA	AC .
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
		Tay a s			1	
City	State	Zip Code	M	D	Y	Amount
F. II.N (Cont. II. to			Daviate	tion Num	hor if DA	C
Full Name of Contributor			Registra	tion inum	oei, ii r	ic.
Street Address	Employer/Occu	pation/Labor Organization*	*		· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.)
7.64.650	,,					
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	·····	· · · · · · · · · · · · · · · · · · ·	Registra	tion Num	ber, if PA	NC .
i						
Street Address	Employer/Occu	pation/Labor Organization*	*			Form (Cash, Check, etc.)
					1	
City	State	Zip Code	M	D	Y	Amount
E HALL CO. 4 THE			Pagistra	tion Nur	hor if D	VC
Full Name of Contributor			Registra	mon Nan	1001, 11 F	10.
Street Address	Employer/Occu	pation/Labor Organization	*			Form (Cash, Check, etc.)
Street / Idail 655		F				
City	State	Zip Code	M	D	Y	Amount
			:		:	
Full Name of Contributor			Registra	ition Num	ber, if P	AC
1						
Street Address	Employer/Oecu	pation/Labor Organization	*			Form (Cash, Check, etc.)
						
City	State	Zip Code	М	D	Y	Amount
		<u> </u>			1 :62	
Full Name of Contributor			Registra	ation Nun	iber, ii P	AC .
Street Address	Employer/Occ	pation/Labor Organization	*			Form (Cash, Check, etc.)
Silver Address	Employer/Occi	panon Duoor Organization				(Cash, Cheen, Cle.)
City	State	Zip Code	М	D	Y	Amount
		· ·				
	I i			1		

* 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)]

Page Total \$	50.00

3	I-E	}	
R.	C. 3	517	7.10

Page 1	
--------	--

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full		· · · · · · · · · · · · · · · · · · ·		
Brown for Kettering City Council				
To Whom Paid			M D Y	Amount
Randd Associates Address	TD		0 8 3 0 1 1	137.40
4725 S. Kettering Blvd.	Purpose	s cards; 250 - 5x7 po	steards WO#4878	Q
City	State	Zip Code	Check Number	
Dayton	OH	45439	1	
To Whom Paid			M D Y	Amount
Randd Associates			0 9 1 5 1 1	1,000.00
Address	Purpose			
4725 S. Kettering Blvd.	Deposit	for Yard Signs		
City		Zip Code	Check Number	
Dayton To Whom Paid	I O H	45439	2	A
			$\begin{bmatrix} M & D & Y \\ 0 & 9 & 2 & 7 & 1 & 1 \end{bmatrix}$	Amount 1,397.15
Randd Associates	Purpose		0 9 2 7 1 1	1,397.13
4725 S. Kettring Blvd.	1 '	tion Flyers		
City	State	Zip Code	Check Number	
Dayton	ОН	45439	3	
To Whom Paid			M D Y	Amount
Randd Associates			0 9 2 7 1 1	416.83
Address	Purpose			
4725 S. Kettering Blvd.		ing Balance for Yard		
City	State	Zip Code	Check Number	
Dayton To Whom Paid	O H	45439	4 M D Y	Amount
Randd Associates			1 0 0 3 1 1	54.06
Address	Purpose		11 0 0 3 1 1	01.00
4725 S. Kettering Blvd.		e Ballott Postcards		
City	State	Zip Code	Check Number	
Dayton	ОН	45439	5	
To Whom Paid			M D Y	Amount
Ohio Ethics Commission			1 0 0 6 1 1	25.00
Address	Purpose			
Ca	Filing Fo	Zip Code	Check Number	
City Columbus	OH	Zip Code	6	
To Whom Paid	1 () : 11		M D Y	Amount
PayPal			1 0 1 1 1 1	3.20
Address	Purpose			
	Service	fee for online contri	bution	
City	State	Zip Code	Check Number	
		1		
To Whom Paid			M D Y	Amount
				<u> </u>
Address	Purpose			
City	State	Zip Code	Check Number	
Chy	State	Lip Code	C. Igon Trained	



2 Total received this period \$

Total Payments this Period \$

4 Total Outstanding Balance \$

Page 1	
--------	--

Statement of Loans Received

				Pre	escribed b	y Secreta	ry of Sta	ate3/05				
Full Name of Committee												
Brown for Kettering C	City Co	ouncil	ĺ									
From Whom Received									Prior Ar	nount		Amt. Incurred this Period
David T. Brown											0.00	2,000.00
Address			***************************************									Outstanding Balance
2613 South Blvd.												2,000.00
City	State	Zip Code	;	Loa	ns Receiv	ed This	Period				Paym	ents This Period
Kettering	ОН	45419	9		Date			Amount		Dat	-	Amount
Date Loan was originally	М	D	Y	M	D	Y	\$		M	D	Y	\$
Incurred	0 9	1 5	1 1	0 9	1 5	1 1	1	2000			1	İ
Registration Number, if PAC	1		1	М	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y	+		М	D	Y	
Imployer/Occupation/Euron Organization										-		
From Whom Received					1	<u> </u>		··	Prior Ar	nount		Amt, Incurred this Period
Address												Outstanding Balance
City	State	Zip Code	a.	1 1 00	ıns Recei	ad This	Pariod	·····			Paym	ents This Period
chy]	E.p cou	-	Loa	Date	veu i ilis	renou	Amount	l	Dat	•	Amount
Date Loan was originally	M.	D	Y	M	D	Y	S		M	D	ΤΥ	S
ncurred			1	""			ľ			-		·
gistration Number, if PAC	<u> </u>		Ц	М	D	Y			M	D	Y	
gistradon Number, il TAC				144.		1				1	i	İ
Employer/Occupation/Labor Organization*	:			M:	D	Y	+		M	D	Y	
Employer/Occupation/Labor Organization				101		1 '			111		•	
From Whom Received	**				نــل	<u> </u>	<u> </u>	-	Prior A	mount		Amt. Incurred this Period
From whom Received												
Address									_			Outstanding Balance
Address												
City	State	Zip Cod	e	T 1	ans Recei	and This	Daviad		t		Pavn	nents This Period
City	State	Zip Cou		1.03	ans Recei Date	veu ims	renou	Amount	1	Dat		Amount
Date Loan was originally	M	D	Y	М	D	Y	s	11110	М	D	ΙΥ	\$
Incurred	1 11		1 1	141		1	ľ			-		
Registration Number, if PAC	<u> </u>	L	<u> </u>	M	D	$+_{\rm Y}$	+		М	D	Y	
Registration Number, it i Ac				1 "		1						
Employer/Occupation/Labor Organization				M	D	Y	+		M:	D	Y	
Employer/Occupation/Eacor Organization				1			1					
		-					ــــــــــــــــــــــــــــــــــــــ				1	1
* Required for contributions over \$100 to a frany, rather than employer should be listed the employees are members, if any, must a straightful a loan is forgiven, write "Forgiven" in the	d. If two o	ormore em C. 3517.10	ployees d	lonate via j	payroll de	duction a	ind exce	ed the aggregate of \$10	00, the lal	oor organiz	zation of v	vhich
Transfer total of all payments made in this												
1 Total prior amount \$			0.00	_								

2,000.00 (To Form No. 31-A-2)

2,000.00 (To Form No. 30-A)

0.00 (also record on Fonn 31-B)

31-A-2 R.C. 3517.10(B)

Page	1

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Brown for Kettering City Council							
Full Name			Registrati	on Numb	er, if PAC	3	
PayPal.com			İ				
Address	Type*		М	D	Y	Amount	
	I N		0 9	1 2	$1 \mid 1 \mid$		0.12
City	State	Zip Code	Form(Cas				0,12
			lectro				
Full Name	1		Registrati				
PayPal.com			Trog.or. au				
	Typox		М	D	Y	Amount	
Address	Type*					Allount	0.14
	IN		0 9	1 2			0.14
City	State	Zip Code	Form(Cas	sh,Check	.etc)		
Full Name			Registrati	ion Numl	ber, if PA	С	
Loan Transfer from form 31-C							
Address	Type*		М	D	Y	Amount	
							2,000.00
City	State	Zip Code	Form(Cas	sh,Check	.etc)		
	1						
Full Name		<u> </u>	Registrat	ion Numl	ber, if PA	С	
			l				
Address	Type*		М	D	Y	Amount	
	1						
City	State	Zip Code	Form(Ca	sh.Check	.etc)		
City		2.17 5.00			,,,,,		
Full Name			Registrati	ion Numl	her if PA	C.	
i un ivante			l'ieg.suu				
Address	Type*		М	D	Y	Amount	
Address	Турс		IVI	1		7 HIK/WIII	
(2).	State	Tin Code	Form(Ca	ch Chaok	oto)		
City	State	Zip Code	TOTHIC a:	SII, CIRCK	.cic)		
			D	N	baa is Da	C	
Full Name			Registrati	ion Numi	ber, if PA	C	
	T				1		
Address	Type*		M	D	Y	Amount	
					ļ ļ		
City	State	Zip Code	Form(Ca	sh,Check	.etc)		
Full Name			Registrat	ion Num	ber, if PA	С	
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Ca.	sh,Check	,etc)		
Full Name		•	Registrat	ion Num	ber, if PA	С	
Address	Type*		М	D	Y	Amount	
	-			1			
City	State	Zip Code	Form(Ca	sh,Check	etc)		
		1 *					

Page Total \$ 2.000.26

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE 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 LN for payments received on a loan made.

3	1-	N		
ĸ	.C.	351	7.	10

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee								-		
Brown for Kettering City Council										
To Whom Owed					Prior A	moun	t		Amt. Incurred this Period	
Kristin K. Vandivier								0.00	131.7	
Address					Item or	•			Outstanding Balance	
2613 South Blvd.	,				Bus (Car	ds .	and T	131.73	
City		Zip						yments N	Made This Period	
Kettering	ОН	_		419	1		Date	l v	Amount	
Date Debt was originally Incurred	М	1) 	Y	М	'	D	Y	3	
		_		<u> </u>	1	┿,	D	Y		
Registration Number, if PAC					М	') 	1		
						┿,		Y		
					M	'	D 	1 		
					Deiser				Amt, Incurred this Period	
To Whom Owed					Prior A	moun	ıı	0.00	1	
David T. Brown					ltem or	Duenc	ven for	0.00	Outstanding Balance	
Address										
2613 South Blvd.	State	7in	Cod	la.	rect	mı	spi	int oi	28.89	
City	1 .	1				1	Pa Date	yments N	Made This Period Amount	
Kettering	ОН	I		419	М		D	Y	Amount	
Date Debt was originally Incurred	М	'	<i>,</i>	Y	,VI	'		'	AP E	
D. Control V. Acc CDAC		<u>L</u>	<u> </u>		М	+,	<u> </u> D	Y		
Registration Number, if PAC					IVI	'	!	'		
					М	+,	D	Y		
					141	'		1		
To Whom Owed					Prior A	mour),T		Amt. Incurred this Period	
					11,01 2	inoui.		28.89		
David T. Brown					ltem or	Puroc			27.7 Outstanding Balance	
					1				27.71	
2613 South Blvd.	State	Zin	Cod	le	Stei	icii			· · · · · · · · · · · · · · · · · · ·	
					Payments Made This Period Date Amount					
Kettering	1 14	-	5	1419 Y	M		D	Y	\$	
Date Debt was originally Incurred							ì			
Registration Number, if PAC	<u> </u>	<u> </u>			M	+	D	Y		
								l i		
					M	+	D D	Y		
If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all particular amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-100).	1). Transf	er to	tal o		o the State	ement	of E	xpenditur		
Total Payments this Period \$ 0.00 (also record	on Form	31-E	3)							
Total Outstanding Balance \$ 188.33 (also record	OB COVER	paus	•)							
Total Outstanding Balance \$ 188.33 (also record	on cover	page	2)							

31-N R.C. 3517.10

Total Outstanding Balance \$

	^	
Page		

Statement of Outstanding Debts

Prescribed by Secretary	of State	2/01						
Full Name of Committee								
Brown for Kettering City Council								
To Whom Owed				F	Prior Am	ount		Amt. Incurred this Period
David T. Brown						5	56.60	38.36
Address				i	tem or P	urpose for	Debt	Outstanding Balance
2613 South Blvd.				j	er - (Office	Supp	38.36
City	State	Zip C	ode			Pa	yments N	Aade This Period
Kettering	ОН		5419	9		Date		Amount
Date Debt was originally Incurred	М	D)	Y	M	D	Y	\$
				Ц				
Registration Number, if PAC					М	D	Y	
					M	D	Y	
					Defore A			Amt. Incurred this Period
To Whom Owed				ľ	Prior An		24.06	
David T. Brown				_	Item or P	urpose for	94.96	164.64 Outstanding Balance
Address				- 1		•		
2613 South Blvd.	State	Zip C	ovle	-	Stapi	es - C	opies	164.64
		-	5419	,		Pa Date	yments N	Made This Period Amount
Kettering	ОН	D 4		y Y	М	D	Y	\$
Date Debt was originally Incurred								
Registration Number, if PAC	l				М	D	Y	
				ı				
					M	D	Y	· · · ·
To Whom Owed				Ì	Prior An	ount	1	Amt, Incurred this Period
David T. Brown						25	59.60	64.14
Address				1	Item or P	urpose fo	r Debt	Outstanding Balance
2613 South Blvd.				k	nart -	Offic	e Sup	64.14
City	State	Zip C	lode			Pa	yments N	Made This Period
Kettering	ОН	[5419	9		Date	•	Amount
Date Debt was originally Incurred	М	D	7	Y	M	D	Y	\$
Registration Number, if PAC					М	D	Y	
					M	D	Y	
					ŀ			
To the control of the state of		made it	do non!	al to th	m Ctato -	nant of F	vnordit	as (Form No. 31 B)
If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all particular amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1).								
•							•	
Total Payments this Period \$ 0.00 (also record	on Form	31-B)						

267.14 (also record on cover page)

31-N R.C. 3517.10

|--|

Statement of Outstanding Debts

	ry of State	2/01						
full Name of Committee								
Brown for Kettering City Council		21.0						
Γο Whom Owed				Prior An			Amt. Incurred this Period	
David T. Brown						23.74	5.0	
Address					urpose fo		Outstanding Balance	
2613 South Blvd.				of K	etter	ng, N	5.00	
City	State	Zip Coo	le		Pa	yments N	Aade This Period	
Kettering	ОН	45	419		Date		Amount	
Date Debt was originally Incurred	d M	D	Y	М	D	Y	\$	
Registration Number, if PAC				М	D	Y		
				M	D	Y		
				143	1			
				Prior Ar	nount		Amt. Incurred this Period	
To Whom Owed				PHOI AI		34 70		
Kristin K. Vandivier				Bram on I	Lv Purpose fo	31.73	15.7	
Address				I			Outstanding Balance	
2613 South Blvd.	1 0	lu c	,	ree -	Bags	tor V	15.77	
City Kettering	State O H	Zip Coo	ie 5419		Payments Made This Period Date Amount			
Date Debt was originally Incurred	d M	D	Y	М	D	Y	\$	
Registration Number. if PAC		<u> </u>		М	D	Y		
					i	.		
				М	D	Y		
				ŀ	li			
To Whom Owed				Prior A	naunt		Amt. Incurred this Period	
Kristin K. Vandivier					1	47 .50	10.7	
Address				Item or I	urpose fo	r Debt	Outstanding Balance	
2613 South Blvd.				ree -	Bags	for Vo	10.70	
City	State	Zip Co	de				Made This Period	
Kettering	ОН	45	5419		Date	ymene,	Amount	
Date Debt was originally Incurre	1 1/	D	Y	М	D	Y	\$	
2 2								
Registration Number, if PAC	(<u> </u>		М	D	Y		
				М	D	Y		
				i				
					1	1 1	2	

	_	total of all payments made this period to the Statement of Expenditures (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)

3	1-	N		
R	C	351	17	10

Page	4
,	

Statement of Outstanding Debts

Pres	cribed by Secretary of State 2/01		
Full Name of Committee			
Brown for Kettering City Council			
To Whom Owed		Prior Amount	Amt. Incurred this Period
Kristin K. Vandivier		158.20	24.69
Address		Item or Purpose for Debt	Outstanding Balance
2613 South Blvd.		eme - Food for	V 24.69
City	State Zip Code		Made This Period
Kettering	OH 45419	Date	Amount
Date Debt was origin	nally Incurred M D Y	M D Y	5
Registration Number, if PAC		M D Y	
		M D Y	
To Whom Owed		Prior Amount	Amt. Incurred this Period
Kristin K. Vandivier		182.89	44.00
Address		Item or Purpose for Debt	Outstanding Balance
2613 South Blvd.		tage for Absent	te 44.00
City	State Zip Code		Made This Period
Kettering	O H 45419	Date	Amount
Date Debt was origin	nally Incurred 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
Kristin K. Vandivier	226.89	26.97	
Address	Item or Purpose for Debt Outstanding Balance		
2613 South Blvd.	eme - Food for \26.97		
City	State Zip Code		Made This Period
Kettering	O H 45419	Date	Amount
Date Debt was origi	nally Incurred M D Y	M D Y	3
Pagingation Number if DAC		M D Y	
Registration Number, if PAC			
	10150	M D Y	
If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Tra Total amount forgiven should be included in the In-Kind Contributions Receive			
	(also record on Form 31-B)	,	
05.4			
Total Outstanding Balance \$ 95.6	(also record on cover page)		

3	1-	N	
R.	C.	3517	.10

Page 5

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

			Prior A	nount		Amt. Incurred this Period
				2	53.86	
			Item or I	Purpose fo	or Debt	Outstanding Balance
			age	for A	bsent	e44.00
	'			Payments Made This Period Date Amount		
M	D	Y	М	D	Y	\$
			М	D	Y	
			M	1)		
				1		
			Prior A	nxiunt	1 1	Amt. Incurred this Period
	· · · · · · ·		Item or Purpose for Debt Outstanding		Outstanding Balance	
State	Zip Co	de		P Date	ayments	Made This Period Amount
М	D	Y	М	D	Y	s
	<u> </u>		М	D	Y	
			М	1)		
			IVI			
			Prior A	nount	I !	Amt. Incurred this Period
			Item or I	Item or Purpose for Debt Outstanding Balance		
State	Zip Ca	de		Payments Made This Pe		
М	D	Y	М	D	Y	\$
		!	М	D	Y	
			M	D	Y	
					1	
	O H M State	State Zip Cod	O H 45419 M D Y State Zip Code	State Zip Code	State Zip Code	253.86