

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Duke for Kettering Council						Registration Number, if PAC		
Full Name of Candidate Bruce Duke								
Street Address 417 Winding Way					Office Sought City Council		District	
City Kettering					State O	Zip Code H 45429		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X Pre-General	Post-General		Annual Year
	July Monthly		August Monthly		September Monthly	Termination		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		M 1 1 0 8 D 1 Y 1	

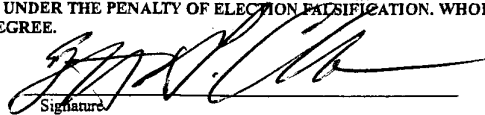
For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	0	00
2. Total monetary contributions (From Form No. 31-A)	\$	0	00
3. Total other income (From Form No. 31-A-2)	\$	4,020	00
4. Total funds available (sum of lines 1, 2, 3)	\$	4,020	00
5. Total monetary expenditures (From Form No. 31-B)	\$	40	34
6. Balance on hand (line 4 minus line 5)	\$	3,979	66
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	0	00
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$	0	00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	4,020	00
10. Outstanding debts owed by committee (From Form No. 31-A)	\$	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	\$	N/A	

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 BOARD OF ELECTIONS
 MONTGOMERY COUNTY, OHIO

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.

Steven G. Clark
Print Name and Title (Treasurer and Deputy Treasurer only)


Signature

10/24/11
Date

Contribution pages 1

Expenditure pages 1

Other pages 2

Total pages 5

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Duke for Kettering Council							
Full Name Bruce Duke				Registration Number, if PAC			
Address 417 Winding Way		Type* L N		M	D	Y	Amount
				0	8	3	20.00
City Kettering		State OH		Zip Code 45429		Form (Cash, Check, etc.) Cash	
Full Name Bruce Duke				Registration Number, if PAC			
Address 417 Winding Way		Type* L N		M	D	Y	Amount
				0	9	1	4,000.00
City Kettering		State OH		Zip Code 45429		Form (Cash, Check, etc.) Cash	
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.)	
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; RE for a refund, uncashed check or the committee's own insufficient funds check received, 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.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Duke for Kettering Council							
To Whom Paid Huntington National Bank				M	D	Y	Amount 40.34
Address 2041 Far Hills Ave.,		Purpose Check Printing Fee					
City Dayton		State OH	Zip Code 45419	Check Number N/A			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State OH	Zip Code	Check Number			

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Duke for Kettering Council												
From Whom Received Bruce Duke						Prior Amount --0--			Amt. Incurred this Period 4,020.00			
Address 417 Winding Way									Outstanding Balance 4,020.00			
City Kettering		State OH		Zip Code 45429		Loans Received This Period			Payments This Period			
						Date		Amount	Date		Amount	
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0 8 3 1 1 1					0 8 3 1 1 1			20.00				--0--
Registration Number, if PAC N/A						M	D	Y	M	D	Y	
						0 9 1 9 1 1		4,000.00				--0--
Employer/Occupation/Labor Organization* N/A						M	D	Y	M	D	Y	

From Whom Received												
Address									Outstanding Balance			
City		State		Zip Code		Loans Received This Period			Payments This Period			
						Date		Amount	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												
Address									Outstanding Balance			
City		State		Zip Code		Loans Received This Period			Payments This Period			
						Date		Amount	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 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 also 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 Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 4,020.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0.00 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 4,020.00 (To Form No. 30-A)