

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Rob Scott						Registration Number, if PAC								
Full Name of Candidate Robert L. Scott														
Street Address 2821 Comanche Drive				Office Sought Kettering City Council		District Ward 1								
City Kettering				State OH		Zip Code 45420								
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

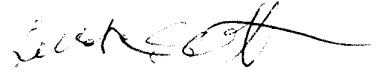
For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for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

1. Amount brought forward from last report	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,475.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,475.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$623.20
6. Balance on hand (line 4 minus line 5)	\$	\$1,851.80
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$96.12
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.	\$	\$

RECEIVED
 2011 OCT 27 PM 12: 12
 BOARD OF ELECTIONS
 MONITORING UNIT # 210

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.

Sarah Scott, Treasurer



10/26/2011

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 3

Expenditure pages 1

Other pages 1

Total pages 5

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Rob Scott						
Full Name of Contributor Robert W. Rettich				Registration Number, if PAC		
Street Address 119 Farmersville Pike		Employer/Occupation/Labor Organization* Self employed/attorney			Form (Cash, Check, etc.) Check	
City Germantown	State OH	Zip Code 45327	M 0	D 9	Y 2 2 1 1	Amount \$100.00
Full Name of Contributor Suzette deGuzman				Registration Number, if PAC		
Street Address 119 Copperfield Drive		Employer/Occupation/Labor Organization* Waterfront Apartments/manager			Form (Cash, Check, etc.) Check	
City Dayton	State OH	Zip Code 45415	M 0	D 9	Y 2 0 1 1	Amount \$250.00
Full Name of Contributor Ron Alban				Registration Number, if PAC		
Street Address 3313 Lenox Drive		Employer/Occupation/Labor Organization* Self employed/investment management			Form (Cash, Check, etc.) Check	
City Kettering	State OH	Zip Code 45429	M 0	D 9	Y 0 6 1 1	Amount \$100.00
Full Name of Contributor Sharon Stanford				Registration Number, if PAC		
Street Address 799 Nordhoff Farm Rd.		Employer/Occupation/Labor Organization* Self employed/property management			Form (Cash, Check, etc.) Check	
City Union	State OH	Zip Code 45322	M 0	D 9	Y 2 9 1 1	Amount \$50.00
Full Name of Contributor Kamela Kordik				Registration Number, if PAC		
Street Address 110 Plumwood Drive		Employer/Occupation/Labor Organization* Kamela & Co./Realtor			Form (Cash, Check, etc.) Check	
City Dayton	State OH	Zip Code 45409	M 0	D 9	Y 2 8 1 1	Amount \$50.00
Full Name of Contributor Joyce Brownell				Registration Number, if PAC		
Street Address 3179 Ridgeway Road		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Dayton	State OH	Zip Code 45419	M 0	D 9	Y 2 3 1 1	Amount \$100.00
Full Name of Contributor George Houser				Registration Number, if PAC		
Street Address 4747 Burnham Lane		Employer/Occupation/Labor Organization* Self employed			Form (Cash, Check, etc.) Check	
City Kettering	State OH	Zip Code 45429	M 0	D 9	Y 2 7 1 1	Amount \$50.00
Full Name of Contributor Leticia Scott				Registration Number, if PAC		
Street Address 1117 Arbor Avenue		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) Check	
City Dayton	State OH	Zip Code 45420	M 0	D 9	Y 2 6 1 1	Amount \$250.00

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

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Rob Scott						
Full Name of Contributor Sharon Montgomery					Registration Number, if PAC	
Street Address 6111 Riva Ridge Dr		Employer/Occupation/Labor Organization* Business owner			Form (Cash, Check, etc.) Check	
City Dayton	State OH	Zip Code 45414	M 1	D 0	Y 5	Amount \$100.00
Full Name of Contributor Scott R. Paulson					Registration Number, if PAC	
Street Address 9351 Patriot Woods Ct.		Employer/Occupation/Labor Organization* AESI/Engineer			Form (Cash, Check, etc.) Check	
City Dayton	State OH	Zip Code 45414	M 1	D 0	Y 1	Amount \$150.00
Full Name of Contributor Harry Bossey					Registration Number, if PAC	
Street Address 128 Edinburgh Village Drive		Employer/Occupation/Labor Organization* Self employed/accountant			Form (Cash, Check, etc.) Check	
City Centerville	State OH	Zip Code 45458	M 1	D 0	Y 1	Amount \$25.00
Full Name of Contributor James P. Smith					Registration Number, if PAC	
Street Address 5517 Anne Lane		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Dayton	State OH	Zip Code 45459	M 1	D 0	Y 1	Amount \$50.00
Full Name of Contributor Ron Alban					Registration Number, if PAC	
Street Address 3313 Lenox Drive		Employer/Occupation/Labor Organization* Self employed/investment management			Form (Cash, Check, etc.) Check	
City Kettering	State OH	Zip Code 45429	M 1	D 0	Y 1	Amount \$100.00
Full Name of Contributor Robert Harper					Registration Number, if PAC	
Street Address 431 Independence Ct.		Employer/Occupation/Labor Organization* Self employed/attorney			Form (Cash, Check, etc.) Check	
City Uniontown	State OH	Zip Code 15401	M 1	D 0	Y 1	Amount \$100.00
Full Name of Contributor Jim Butler					Registration Number, if PAC	
Street Address 1401 Devereux		Employer/Occupation/Labor Organization* Thomson Hine/attorney & Ohio State Rep.			Form (Cash, Check, etc.) Check	
City Oakwood	State OH	Zip Code 45419	M 1	D 0	Y 1	Amount \$100.00
Full Name of Contributor Realtors PAC/OHIO-CP401					Registration Number, if PAC OHIO-CP401	
Street Address 200 E. Town St.		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2	Amount \$500.00

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

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Rob Scott							
Full Name of Contributor Seth Morgan						Registration Number, if PAC	
Street Address 7208 Howland Place			Employer/Occupation/Labor Organization* MLA Management/accountant			Form (Cash, Check, etc.) Check	
City Huber Heights		State OH	Zip Code 45424	M 1	D 0	Y 0311	Amount \$50.00
Full Name of Contributor Laurence Lasky						Registration Number, if PAC	
Street Address 130 W. Second St.			Employer/Occupation/Labor Organization* Self employed/attorney			Form (Cash, Check, etc.) Check	
City Dayton		State OH	Zip Code 45402	M 1	D 0	Y 0711	Amount \$50.00
Full Name of Contributor Danny Hamilton						Registration Number, if PAC	
Street Address 918 Ashcreek Drive			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Centerville		State OH	Zip Code 45458	M 1	D 0	Y 0811	Amount \$50.00
Full Name of Contributor Michael Foley						Registration Number, if PAC	
Street Address 15 Lonsdale Avenue			Employer/Occupation/Labor Organization* Self employed/consultant			Form (Cash, Check, etc.) Check	
City Oakwood		State OH	Zip Code 45419	M 1	D 0	Y 0611	Amount \$250.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	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 OH	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 OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Rob Scott							
To Whom Paid Office Depot				M	D	Y	Amount \$58.21
Address 3498 York Commons				Purpose Stamps, envelopes			
City Dayton		State OH	Zip Code 45414	Check Number N/A			
To Whom Paid Randd Associates				M	D	Y	Amount \$491.93
Address 4725 Kettering Blvd.				Purpose Campaign literature			
City Moraine		State OH	Zip Code 45439	Check Number N/A			
To Whom Paid Office Depot				M	D	Y	Amount \$73.06
Address 3498 York Commons				Purpose Stamps, envelopes			
City Dayton		State OH	Zip Code 45414	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			

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Rob Scott				
Full Name of Contributor Robert L. Scott		Employer, Occupation, Labor Organization* Attorney		Registration Number, if PAC
Street Address 2821 Comanche Drive		Description of Item or Service Website, hosting, email		M D Y Fair Market Value 0 9 0 1 1 1 \$96.12
City Kettering		State OH	Zip Code 45420	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		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?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		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?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		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?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		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?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		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?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		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?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		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?
		OH		<input type="radio"/> YES <input type="radio"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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))