

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

REESE FOR CONGRESS

ADDRESS (number and street) 545 E TOWN ST

Check if different than previously reported. (ACC)

COLUMBUS

OH

43215

2. **FEC IDENTIFICATION NUMBER** ▼

C C00505842

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

OH

12

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 11 / 06 / 2012 in the State of OH

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

10 / 01 / 2012 through 10 / 17 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jay Mitchell Moreland

Signature of Treasurer Jay Mitchell Moreland

[Electronically Filed]

Date

10 / 25 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
REESE FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2330.00	19065.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2330.00	19065.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7372.95	19265.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	1.14	63.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7371.81	19201.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	109.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

REESE FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	900.00	5700.00
(ii) Unitemized.....	430.00	6215.00
(iii) TOTAL of contributions from individuals ▶	1330.00	11915.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	7150.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2330.00	19065.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1.14	63.48
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2331.14	19128.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7372.95	19265.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7372.95	19265.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5151.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2331.14
25. SUBTOTAL (add Line 23 and Line 24).....	7482.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7372.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	109.75

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 12
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joseph Kaigler

Mailing Address PO Box 182

City Sharon State MA Zip Code 02067

FEC ID number of contributing federal political committee. **C**

Name of Employer Boston Port Authority Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2012

Transaction ID : SA11AI.4791

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Karen Lee

Mailing Address 330 Clinton St Apt C

City Columbus State OH Zip Code 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer Democrats Abroad Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2012

Transaction ID : SA11AI.4810

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
James Reese

Mailing Address 35 E Gay St

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Bogart & Reese LLC Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : SA11C.4795

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dreama Bogart			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012		
Mailing Address 35 E Gay St			Amount of Each Disbursement this Period 500.00		
City Columbus	State OH	Zip Code 43215	Transaction ID : SB17.4776		
Purpose of Disbursement Campaign Manager		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) B. BP Oil			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012		
Mailing Address 625 E Broad St			Amount of Each Disbursement this Period 62.27		
City Columbus	State OH	Zip Code 43205	Transaction ID : SB17.4829		
Purpose of Disbursement Travel Expense		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) C. BP Oil			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012		
Mailing Address 625 E Broad St			Amount of Each Disbursement this Period 63.72		
City Columbus	State OH	Zip Code 43205	Transaction ID : SB17.4858		
Purpose of Disbursement Travel Expense		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	625.99
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Square Printing		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 59 East Gay Street		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.4820
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Parking	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Crazy Goat		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address Creekside Plaza		Amount of Each Disbursement this Period 12.60 Transaction ID : SB17.4854
City Gahanna	State OH Zip Code 43230	
Purpose of Disbursement Meeting Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. DemSign		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2012
Mailing Address 2451 18th St. NW		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.4772
City Washington	State DC Zip Code 20009	
Purpose of Disbursement Yard Signs	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4514.35
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 37.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4817
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 148.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4860
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Fifth Third Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 21 E STATE ST		Amount of Each Disbursement this Period 37.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Service Charge	Candidate Name	Transaction ID : SB17.4861
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	222.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 12			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Get Go		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 2845 North High Street		Amount of Each Disbursement this Period 51.97
City Columbus	State OH Zip Code 43202	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.4852
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Kroger		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 1350 North High Street		Amount of Each Disbursement this Period 59.58
City Columbus	State OH Zip Code 43201	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.4839
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Kroger		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 1350 North High Street		Amount of Each Disbursement this Period 59.66
City Columbus	State OH Zip Code 43201	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : SB17.4846
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	171.21
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 12			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kroger		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 1350 North High Street		Amount of Each Disbursement this Period 5.34
City Columbus	State OH Zip Code 43201	
Purpose of Disbursement Travel Expense	Category/Type	Transaction ID : SB17.4859
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. Mary Kelley's Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 7148 Muirfield Drive		Amount of Each Disbursement this Period 32.59
City Dublin	State OH Zip Code 43017	
Purpose of Disbursement Meeting Expense	Category/Type	Transaction ID : SB17.4844
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) c. Mary Kelley's Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 7148 Muirfield Drive		Amount of Each Disbursement this Period 15.01
City Dublin	State OH Zip Code 43017	
Purpose of Disbursement Meeting Expense	Category/Type	Transaction ID : SB17.4845
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	52.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 12			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REESE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. McTigue & McGinnis LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 545 E Town St		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4774
City Columbus	State OH	
Zip Code 43215	Purpose of Disbursement Legal Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Meijer		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 5555 Cleveland Avenue		Amount of Each Disbursement this Period 72.74 Transaction ID : SB17.4837
City Columbus	State OH	
Zip Code 43231	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Speedway		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 4240 Morse Rd		Amount of Each Disbursement this Period 60.72 Transaction ID : SB17.4821
City Columbus	State OH	
Zip Code 43230	Purpose of Disbursement Travel Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	633.46
TOTAL This Period (last page this line number only).....	6219.95