

## Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Joey D. Williams for City Commission Committee</b>		Registration Number, if PAC			
Full Name of Candidate <b>Joey D. Williams</b>					
Street Address <b>1229 Sunnyview Ave.</b>		Office Sought <b>City Commissioner</b>	District		
City <b>Davton</b>		State <b>O</b>	Zip Code <b>45406</b>		
Term(s) Report (places, months, frequency, 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	Election/Ballot			
		M	D	Y	

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. Total contributions and expenditures (from Form NO-11)	\$ 808.74
2. Total primary contributions (from Form NO-11)	\$ 7,358.14
3. Total other income (from Form NO-11)	\$ 9,210.00
4. Total general expenditures (from Form NO-11)	\$ 17,376.88
5. Total general contributions (from Form NO-11)	\$ 10,226.49
6. Balance on hand (from Form NO-11)	\$ 7,150.39
7. Total contributions and expenditures (from Form NO-11)	\$
8. Total other income (from Form NO-11)	\$
9. Total general expenditures (from Form NO-11)	\$
10. Total general contributions (from Form NO-11)	\$
11. Consulting fees received (from Form NO-11)	\$
12. Value of independent expenditures made (from Form NO-11)	\$
13. Total electronic filing (from Form NO-11)	\$
Sum of lines 1 through 13 (Total)	\$

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.

Ty A. Stone, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)



10/22/2009

Date

Contribution pages <u>9</u>
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Expenditure pages <u>5</u>
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Other pages <u>14</u>
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Total pages <u>28</u>
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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
Joey D. Williams for City Commission Committee					Check		
Full Name of Contributor J. Wray Blattner					Registration Number, if PAC		
Street Address 526 Garden Road	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City Dayton	State O   H	Zip Code 45419	M 0   9	D 2   1	Y 0   9	Amount 100.00	
Full Name of Contributor Barrie King					Registration Number, if PAC		
Street Address 7799 Glenbrier Place	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City Centerville	State O   H	Zip Code 45459	M 0   9	D 2   8	Y 0   9	Amount 100.00	
Full Name of Contributor Kery Gray					Registration Number, if PAC		
Street Address 3243 Ridge Ave.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City Dayton	State O   H	Zip Code 45414	M 0   9	D 2   4	Y 0   9	Amount 20.00	
Full Name of Contributor Brice Sims					Registration Number, if PAC		
Street Address 5348 Birdland Ave.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City Dayton	State O   H	Zip Code 45427	M 0   9	D 2   6	Y 0   9	Amount 20.00	
Full Name of Contributor Frederick Meacham					Registration Number, if PAC		
Street Address 5062 Scofield Place	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City Dayton	State O   H	Zip Code 45418	M 1   0	D 0   1	Y 0   9	Amount 25.00	
Full Name of Contributor Jerrie McGill					Registration Number, if PAC		
Street Address 1217 Sunnyview Ave.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City Dayton	State O   H	Zip Code 45406	M 1   0	D 0   1	Y 0   9	Amount 50.00	
Full Name of Contributor Benjamin Kirby					Registration Number, if PAC		
Street Address 245 Hornwood Dr.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City Dayton	State O   H	Zip Code 45405	M 0   9	D 2   9	Y 0   9	Amount 50.00	
Full Name of Contributor George Forest					Registration Number, if PAC		
Street Address 4820 Willow Mist Dr.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City Dayton	State O   H	Zip Code 45424	M 1   0	D 0   4	Y 0   9	Amount 100.00	

\* 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)]

Page Total \$ 465.00

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC					
<b>Joey D. Williams for City Commission Committee</b>							
Full Name of Contributor <b>Ted Gudorf</b>		Registration Number, if PAC					
Street Address <b>8141 N. Main St.</b>	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) <b>Check</b>
City <b>Dayton</b>	State <b>O   H</b>	Zip Code <b>45415</b>	M <b>0   9</b>	D <b>2   3</b>	Y <b>0   9</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Gerald Parisi</b>		Registration Number, if PAC					
Street Address <b>1255 Spangler Rd.</b>	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) <b>Check</b>
City <b>Fairborn</b>	State <b>O   H</b>	Zip Code <b>45324</b>	M <b>0   9</b>	D <b>2   1</b>	Y <b>0   9</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>David Nolan</b>		Registration Number, if PAC					
Street Address <b>2321 Abbey Lane</b>	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) <b>Check</b>
City <b>Xenia</b>	State <b>O   H</b>	Zip Code <b>45385</b>	M <b>0   7</b>	D <b>1   0</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Michael Manchester</b>		Registration Number, if PAC					
Street Address <b>3549 Springdale Dr.</b>	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) <b>Check</b>
City <b>Kettering</b>	State <b>O   H</b>	Zip Code <b>45419</b>	M <b>0   6</b>	D <b>1   5</b>	Y <b>0   9</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Sharon Platt</b>		Registration Number, if PAC					
Street Address <b>3663 Berrywood Dr.</b>	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) <b>Check</b>
City <b>Dayton</b>	State <b>O   H</b>	Zip Code <b>45424</b>	M <b>0   8</b>	D <b>1   0</b>	Y <b>0   9</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Nellie Terrell</b>		Registration Number, if PAC					
Street Address <b>731 Mt. Clair Ave.</b>	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) <b>Check</b>
City <b>Dayton</b>	State <b>O   H</b>	Zip Code <b>45408</b>	M <b>0   8</b>	D <b>0   4</b>	Y <b>0   9</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Walter Reynolds</b>		Registration Number, if PAC					
Street Address <b>610 W. Siebenthaler</b>	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) <b>Check</b>
City <b>Dayton</b>	State <b>O   H</b>	Zip Code <b>45405</b>	M <b>0   8</b>	D <b>0   2</b>	Y <b>0   9</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Beverly Smith</b>		Registration Number, if PAC					
Street Address <b>799 Westledge Dr.</b>	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) <b>Check</b>
City <b>Trotwood</b>	State <b>O   H</b>	Zip Code <b>45426</b>	M <b>0   8</b>	D <b>1   3</b>	Y <b>0   9</b>	Amount <b>25.00</b>	

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## Statement of Contributions Received

Prescribed by Secretary of State 3/03

Name of Committee in Full							
<b>Joey D. Williams for City Commission Committee</b>							
Full Name of Contributor		Registration Number, if PAC					
<b>James Manning</b>							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
7106 Moberly Pl.							<b>Check</b>
City	State	Zip Code	M	D	Y	Amount	
Huber Heights	O   H	4542	0   8	0   4	0   9	50.00	
Full Name of Contributor		Registration Number, if PAC					
<b>Donna Wright</b>							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
413 Majestic Dr.							<b>Check</b>
City	State	Zip Code	M	D	Y	Amount	
Dayton	O   H	45427	0   9	0   9	0   9	50.00	
Full Name of Contributor		Registration Number, if PAC					
<b>Richard Carlile</b>							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
145 Wisteria Dr.							<b>Check</b>
City	State	Zip Code	M	D	Y	Amount	
Dayton	O   H	45419	0   9	0   3	0   9	100.00	
Full Name of Contributor		Registration Number, if PAC					
<b>Alice Pierce</b>							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2278 Crestridge							<b>Check</b>
City	State	Zip Code	M	D	Y	Amount	
Dayton	O   H	45414	0   9	1   0	0   9	100.00	
Full Name of Contributor		Registration Number, if PAC					
<b>James Robinson</b>							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4213 Tradewind Ct.							<b>Check</b>
City	State	Zip Code	M	D	Y	Amount	
Englewood	O   H	45322	0   9	0   1	0   9	25.00	
Full Name of Contributor		Registration Number, if PAC					
<b>Arik Sherk</b>							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1345 Devereux Dr.							<b>Check</b>
City	State	Zip Code	M	D	Y	Amount	
Dayton	O   H	45419	0   9	1   0	0   9	200.00	
Full Name of Contributor		Registration Number, if PAC					
<b>Linn Harson</b>							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2896 N. River Rd.							<b>Check</b>
City	State	Zip Code	M	D	Y	Amount	
Yellow Springs	O   H	45387	0   9	1   7	0   9	50.00	
Full Name of Contributor		Registration Number, if PAC					
<b>Francesco Ferrante</b>							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
630 Evans Lane							<b>Check</b>
City	State	Zip Code	M	D	Y	Amount	
Dayton	O   H	45459	0   9	1   6	0   9	100.00	

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Joey D. Williams for City Commission Committee</b>							
Full Name of Contributor <b>Timothy Hackert</b>				Registration Number, if PAC			
Street Address <b>7306 Jade Court</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Centerville</b>		State <b>O   H</b>	Zip Code <b>45459</b>	M <b>0   9</b>	D <b>1   6</b>	Y <b>0   9</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Thomas DeBrosse</b>							
Street Address <b>4219 Country Glen Circle</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45432</b>	M <b>0   9</b>	D <b>1   8</b>	Y <b>0   9</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Crofford Maclin Jr.</b>							
Street Address <b>7276 Wetherington Dr.</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>West Chester</b>		State <b>O   H</b>	Zip Code <b>45069</b>	M <b>0   9</b>	D <b>1   8</b>	Y <b>0   9</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Sharen Neuhardt</b>							
Street Address <b>4625 US Route 68 North</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Yellow Springs</b>		State <b>O   H</b>	Zip Code <b>45387</b>	M <b>0   9</b>	D <b>1   5</b>	Y <b>0   9</b>	Amount <b>150.00</b>
Full Name of Contributor <b>Robert Curry</b>							
Street Address <b>530 Maysfield Rd.</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45419</b>	M <b>0   8</b>	D <b>3   1</b>	Y <b>0   9</b>	Amount <b>100.00</b>
Full Name of Contributor <b>T. Rapoch</b>							
Street Address <b>1495 Westwicke Place</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45459</b>	M <b>0   7</b>	D <b>1   0</b>	Y <b>0   9</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Wilma Righter</b>							
Street Address <b>1512 Cory Dr.</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45406</b>	M <b>0   7</b>	D <b>2   6</b>	Y <b>0   9</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Alvin Freeman</b>							
Street Address <b>1244 Everett Dr.</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45402</b>	M <b>0   7</b>	D <b>2   5</b>	Y <b>0   9</b>	Amount <b>50.00</b>

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Joey D. Williams for City Commission Committee</b>					
Full Name of Contributor <b>Marva Cosby</b>			Registration Number, if PAC		
Street Address <b>5785 Swan Dr.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Clayton</b>	State <b>O   H</b>	Zip Code <b>45315</b>	M <b>0   7</b>	D <b>2   2</b>	Y <b>0   9</b>
			Amount <b>100.00</b>		
Full Name of Contributor <b>Vincent Corrado</b>					
Street Address <b>7300 Crestway Rd.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Clayton</b>	State <b>O   H</b>	Zip Code <b>45315</b>	M <b>0   7</b>	D <b>2   7</b>	Y <b>0   9</b>
			Amount <b>250.00</b>		
Full Name of Contributor <b>John Riazzi</b>					
Street Address <b>318 Glenridge Rd.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Kettering</b>	State <b>O   H</b>	Zip Code <b>45429</b>	M <b>0   7</b>	D <b>2   8</b>	Y <b>0   9</b>
			Amount <b>250.00</b>		
Full Name of Contributor <b>Richard Lapedes</b>					
Street Address <b>130 West Limestone St.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Yellow Springs</b>	State <b>O   H</b>	Zip Code <b>45387</b>	M <b>0   7</b>	D <b>2   6</b>	Y <b>0   9</b>
			Amount <b>200.00</b>		
Full Name of Contributor <b>Lynita Johnson</b>					
Street Address <b>2359 Featherston Dr.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Miamisburg</b>	State <b>O   H</b>	Zip Code <b>45342</b>	M <b>0   7</b>	D <b>2   8</b>	Y <b>0   9</b>
			Amount <b>100.00</b>		
Full Name of Contributor <b>Calvin Heard</b>					
Street Address <b>5360 Northford Rd.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Trotwood</b>	State <b>O   H</b>	Zip Code <b>45426</b>	M <b>0   7</b>	D <b>2   6</b>	Y <b>0   9</b>
			Amount <b>25.00</b>		
Full Name of Contributor <b>Aaron Durden</b>					
Street Address <b>10 W. Monument Ave.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>	State <b>O   H</b>	Zip Code <b>45402</b>	M <b>0   7</b>	D <b>3   0</b>	Y <b>0   9</b>
			Amount <b>100.00</b>		
Full Name of Contributor <b>Doris Ponitz</b>					
Street Address <b>5556 Viewpoint Dr.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>	State <b>O   H</b>	Zip Code <b>45459</b>	M <b>0   7</b>	D <b>3   0</b>	Y <b>0   9</b>
			Amount <b>50.00</b>		

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Joey D. Williams for City Commission Committee</b>					
Full Name of Contributor <b>Lois Crutcher</b>			Registration Number, if PAC		
Street Address <b>4205 Edison Dr.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45417</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>
			<b>4</b>	<b>0</b>	<b>9</b>
Amount <b>100.00</b>					
Full Name of Contributor <b>Phillip Reid</b>					
Street Address <b>616 Torrington Pl.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45406</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>
			<b>7</b>	<b>0</b>	<b>9</b>
Amount <b>50.00</b>					
Full Name of Contributor <b>Anthony Fairbanks</b>					
Street Address <b>4439 St. James</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Money Order</b>	
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45416</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>
			<b>1</b>	<b>0</b>	<b>9</b>
Amount <b>50.00</b>					
Full Name of Contributor <b>Mildred McGill</b>					
Street Address <b>4219 Merryfield Ave.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45416</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>
			<b>0</b>	<b>0</b>	<b>9</b>
Amount <b>25.00</b>					
Full Name of Contributor <b>Rickey Poole</b>					
Street Address <b>1617 Campus Dr.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45406</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>
			<b>4</b>	<b>0</b>	<b>9</b>
Amount <b>500.00</b>					
Full Name of Contributor <b>Dixie Allen</b>					
Street Address <b>4592 Toni Dr.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45418</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>
			<b>3</b>	<b>0</b>	<b>9</b>
Amount <b>25.00</b>					
Full Name of Contributor <b>A. Hall</b>					
Street Address <b>2957 Chateau Ct.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Farmington Hills</b>	State <b>M</b>	Zip Code <b>48334</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>
			<b>3</b>	<b>0</b>	<b>9</b>
Amount <b>200.00</b>					
Full Name of Contributor <b>Paul Tipps</b>					
Street Address <b>137 E. State St.</b>	Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>
			<b>7</b>	<b>0</b>	<b>9</b>
Amount <b>100.00</b>					

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Joey D. Williams for City Commission Committee</b>							
Full Name of Contributor <b>Walter Ohlmann</b>				Registration Number, if PAC			
Street Address <b>3112 Winter Haven Ave.</b>		Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45415</b>	M <b>0   7</b>	D <b>1   8</b>	Y <b>0   9</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Joseph Szoke</b>							
Street Address <b>1675 Old Schoolhouse Rd.</b>		Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Troy</b>		State <b>O   H</b>	Zip Code <b>45737</b>	M <b>0   7</b>	D <b>2   1</b>	Y <b>0   9</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Kathy Hollingsworth</b>							
Street Address <b>420 Ridgewood Ave.</b>		Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45409</b>	M <b>0   7</b>	D <b>1   8</b>	Y <b>0   9</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Jon Hazelton</b>							
Street Address <b>858 Deer Run Rd.</b>		Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Centerville</b>		State <b>O   H</b>	Zip Code <b>45459</b>	M <b>0   7</b>	D <b>1   9</b>	Y <b>0   9</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Fred Setzer</b>							
Street Address <b>4870 Tait Rd.</b>		Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45429</b>	M <b>0   7</b>	D <b>1   6</b>	Y <b>0   9</b>	Amount <b>50.00</b>
Full Name of Contributor <b>George Ford</b>							
Street Address <b>729 Coleridge Ave.</b>		Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Trotwood</b>		State <b>O   H</b>	Zip Code <b>45426</b>	M <b>0   7</b>	D <b>1   3</b>	Y <b>0   9</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Fred Weber</b>							
Street Address <b>3109 Far Hills Ave.</b>		Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45429</b>	M <b>0   7</b>	D <b>1   3</b>	Y <b>0   9</b>	Amount <b>200.00</b>
Full Name of Contributor <b>Friends of Matt Joseph</b>							
Street Address <b>3838 Berrywood Dr.</b>		Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45424</b>	M <b>0   7</b>	D <b>1   4</b>	Y <b>0   9</b>	Amount <b>100.00</b>

\* 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 <b>Joey D. Williams for City Commission Committee</b>		Registration Number, if PAC				
Full Name of Contributor <b>John Moore</b>		Form (Cash, Check, etc.) <b>Check</b>				
Street Address <b>23 Kimberly Circle</b>	Employer/Occupation/Labor Organization*				Amount	
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45408</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	<b>30.00</b>
Full Name of Contributor <b>Mary &amp; Leonard Howie</b>		Registration Number, if PAC				
Street Address <b>3700 Stony Hollow Road</b>	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45418</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	<b>100.00</b>
Full Name of Contributor <b>Kery Gray</b>		Registration Number, if PAC				
Street Address <b>3243 Ridge Ave.</b>	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45414</b>	M <b>0</b>	D <b>6</b>	Y <b>2</b>	<b>20.00</b>
Full Name of Contributor <b>Lee Schear</b>		Registration Number, if PAC				
Street Address <b>130 Harman Ave.</b>	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45419</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	<b>500.00</b>
Full Name of Contributor <b>Lucile Dale</b>		Registration Number, if PAC				
Street Address <b>7057 Pineview Dr.</b>	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Huber Heights</b>	State <b>O</b>	Zip Code <b>45424</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	<b>20.00</b>
Full Name of Contributor <b>Joseph D. Lewis</b>		Registration Number, if PAC				
Street Address <b>P.O. Box 340728</b>	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Beavercreek</b>	State <b>O</b>	Zip Code <b>45434</b>	M <b>0</b>	D <b>7</b>	Y <b>0</b>	<b>100.00</b>
Full Name of Contributor <b>Edward Thomas</b>		Registration Number, if PAC				
Street Address <b>3278 Southfield Dr.</b>	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Beavercreek</b>	State <b>O</b>	Zip Code <b>45434</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	<b>25.00</b>
Full Name of Contributor <b>William Allen</b>		Registration Number, if PAC				
Street Address <b>1236 Amherst Place</b>	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45406</b>	M <b>0</b>	D <b>7</b>	Y <b>0</b>	<b>100.00</b>

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
<b>Joey D. Williams for City Commission Committee</b>						
Full Name of Contributor			Registration Number, if PAC			
<b>Troy Singer</b>						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
<b>715 Superior Ave.</b>					<b>Check</b>	
City	State	Zip Code	M	D	Y	Amount
<b>Dayton</b>	<b>O   H</b>	<b>45402</b>	<b>0   6</b>	<b>0   1</b>	<b>0   9</b>	<b>500.00</b>
Full Name of Contributor			Registration Number, if PAC			
<b>Vail Miller</b>						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
<b>1247 Leo St.</b>					<b>Check</b>	
City	State	Zip Code	M	D	Y	Amount
<b>Dayton</b>	<b>O   H</b>	<b>45404</b>	<b>0   6</b>	<b>0   1</b>	<b>0   9</b>	<b>500.00</b>
Full Name of Contributor			Registration Number, if PAC			
<b>Beverly Shillito</b>						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
<b>3212 Winding Way</b>					<b>PayPal</b>	
City	State	Zip Code	M	D	Y	Amount
<b>Kettering</b>	<b>O   H</b>	<b>45419</b>	<b>0   8</b>	<b>1   8</b>	<b>0   9</b>	<b>98.14</b>
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				Amount		
Joey D. Williams for City Commission Committee						
To Whom Paid				M	D	Y
Montgomery County Board of Elections				0	3	0
Address	Purpose			5	0	9
451 W. Third St.	Filing fees					
City	State	Zip Code	Check Number			
Dayton	O H	45402	288			
To Whom Paid				M	D	Y
Jack & Jill Association				0	3	1
Address	Purpose			8	0	9
P.O. Box 4205	Ad					
City	State	Zip Code	Check Number			
Dayton	O H	45401	289			
To Whom Paid				M	D	Y
Delta Sigma Theta				0	3	1
Address	Purpose			8	0	9
PO Box 2316	Ad					
City	State	Zip Code	Check Number			
Dayton	O H	45401	290			
To Whom Paid				M	D	Y
Ohio Ethics Commission				0	4	1
Address	Purpose			3	0	9
8 E. Long St.	Fees					
City	State	Zip Code	Check Number			
Columbus	O H	43215	291			
To Whom Paid				M	D	Y
Michael Colvin				0	5	0
Address	Purpose			3	0	9
520 Crawley Run #205	Website development					
City	State	Zip Code	Check Number			
Centerville	O H	45458	292			
To Whom Paid				M	D	Y
Dayton Printery				0	6	1
Address	Purpose			5	0	9
6550 Poe Ave.	printing					
City	State	Zip Code	Check Number			
Dayton	O H	45413	293			
To Whom Paid				M	D	Y
Dayton Printery				0	6	1
Address	Purpose			5	0	9
6550 Poe Ave.	printing					
City	State	Zip Code	Check Number			
Dayton	O H	45413	296			
To Whom Paid				M	D	Y
Ruskin School/East End Community School				0	3	0
Address	Purpose			4	0	9
6500 Poe Ave.	Ad					
City	State	Zip Code	Check Number			
Dayton	O H	45413	287			

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Joey D. Williams for City Commission Committee						
To Whom Paid				M	D	Y
Michael Colvin				0	7	1
Address	Purpose			2	0	9
520 Crawley Run #205	web design			125.00		
City	State	Zip Code	Check Number			
Centerville	O   H	45458	300			
To Whom Paid				M	D	Y
Wayman Church				0	7	2
Address	Purpose			100.00		
3317 Hoover Ave.	Contribution					
City	State	Zip Code	Check Number			
Dayton	O   H	45402	104			
To Whom Paid				M	D	Y
ABC/DM				0	7	2
Address	Purpose			260.00		
5688 Wadsworth Rd.	Mailing					
City	State	Zip Code	Check Number			
Dayton	O   H	45414	301			
To Whom Paid				M	D	Y
U.S. Postmaster				0	7	3
Address	Purpose			26.40		
1111 E. Fifth St.	postage					
City	State	Zip Code	Check Number			
Dayton	O   H	45401	302			
To Whom Paid				M	D	Y
Fawn Williams				0	8	0
Address	Purpose			70.00		
4319 Philadelphia Dr.	Consulting					
City	State	Zip Code	Check Number			
Dayton	O   H	45405	107			
To Whom Paid				M	D	Y
Omega Church				0	8	1
Address	Purpose			50.00		
1810 Harvard Blvd.	contribution					
City	State	Zip Code	Check Number			
Dayton	O   H	45406	108			
To Whom Paid				M	D	Y
Corinthian Church				0	8	1
Address	Purpose			100.00		
700 S. James H. McGee	contribution					
City	State	Zip Code	Check Number			
Dayton	O   H	45408	109			
To Whom Paid				M	D	Y
Stacy Thompson for School Board				0	8	1
Address	Purpose			50.00		
3319 Waldeck Pl.	Contribution					
City	State	Zip Code	Check Number			
Dayton	O   H	45405	110			

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				Amount		
Joey D. Williams for City Commission Committee						
To Whom Paid				M	D	Y
Phillips Temple				0	8	3
Address		Purpose		0	0	9
3620 Shiloh Springs Rd.		contribution		50.00		
City	State	Zip Code	Check Number			
Trotwood	O   H	45426	131			
To Whom Paid				M	D	Y
Central State University				0	9	0
Address		M	0	1	0	9
1800 Brush Row Road		Ad	250.00			
City	State	Zip Code	Check Number			
Wilberforce	O   H	45384	162			
To Whom Paid				M	D	Y
Fawn Williams				0	9	0
Address		M	0	1	0	9
4319 Philadelphia Dr.		consulting	250.00			
City	State	Zip Code	Check Number			
Dayton	O   H	45405	163			
To Whom Paid				M	D	Y
Sawicki & Sons				0	9	1
Address		M	1	1	0	9
1521 W. Lafayette Blvd		yard signs	400.00			
City	State	Zip Code	Check Number			
Detroit	M   I		111			
To Whom Paid				M	D	Y
Fawn Williams				0	9	3
Address		M	0	0	0	9
4319 Philadelphia Dr.		Consulting	150.00			
City	State	Zip Code	Check Number			
Dayton	O   H	45405	113			
To Whom Paid				M	D	Y
Ron Lee for School Board				1	0	0
Address		M	0	1	2	0
131 S. Wilkinson St.		contribution	50.00			
City	State	Zip Code	Check Number			
Dayton	O   H	45402	114			
To Whom Paid				M	D	Y
Meadowdale Pee Wee Football				1	0	0
Address		M	0	1	2	0
4417 Williamson Dr.		refund	125.00			
City	State	Zip Code	Check Number			
Dayton	O   H	45417	116			
To Whom Paid				M	D	Y
John Grav				0	9	0
Address		M	0	1	0	9
1911 Ridgeway Ave.		1	2	0	0	0
City	State	Zip Code	Check Number			
Dayton	O   H	45419	161			

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Joey D. Williams for City Commission Committee				
To Whom Paid	Designs Now	M 1	D 0	Y 0
Address	Purpose	Amount		
2267 Woodman Dr.	Stickers & shirts	594.50	9	
City	State Zip Code	Check Number		
Dayton	O   H 45420	164		
To Whom Paid	Dayton Weekly	M 1	D 0	Y 0
Address	Purpose	Amount	9	
118 Salem Avenue	Ad	1,000.00	9	
City	State Zip Code	Check Number		
Dayton	O   H 45406	165		
To Whom Paid	Sawicki & Sons	M 1	D 0	Y 0
Address	Purpose	Amount	9	
1521 W. Lafayette Blvd.	Yard signs	800.00	9	
City	State Zip Code	Check Number		
Detroit	M   I	166		
To Whom Paid	WDAO	M 1	D 0	Y 0
Address	Purpose	Amount	9	
1012 W. Third St.	advertising	535.50	9	
City	State Zip Code	Check Number		
Dayton	O   H 45402	167		
To Whom Paid	WDAO	M 1	D 0	Y 0
Address	Purpose	Amount	9	
1012 W. Third St.	advertising	999.60	9	
City	State Zip Code	Check Number		
Dayton	O   H 45402	168		
To Whom Paid	St. Margarets Church	M 1	D 0	Y 1
Address	Purpose	Amount	9	
5301 Free Pike	advertising	50.00	9	
City	State Zip Code	Check Number		
Dayton	O   H 45426	310		
To Whom Paid	Sawicki & Sons	M 0	D 9	Y 2
Address	Purpose	Amount	1	
1521 W. Lafayette Blvd.	yard signs	475.50	1	
City	State Zip Code	Check Number		
Detroit	M   I	341		
To Whom Paid	Alpha Kappa Alpha Sorority	M 1	D 0	Y 9
Address	Purpose	Amount	9	
P.O. Box 24242	advertising	200.00	9	
City	State Zip Code	Check Number		
Dayton	O   H 45424	169		

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Joey D. Williams for City Commission Committee</b>					
To Whom Paid <b>ATT</b>		M <b>0 1 7</b>	D <b>0 3</b>	Y <b>0 9</b>	Amount <b>37.92</b>
Address <b>PO Box 8100</b>		Purpose <b>telephone</b>			
City <b>Aurora</b>		State <b>I</b>	Zip Code <b>L</b>	Check Number <b>60507</b>	<b>NA</b>
To Whom Paid <b>ATT</b>		M <b>0 8</b>	D <b>0 3</b>	Y <b>0 9</b>	Amount <b>14.95</b>
Address <b>PO Box 8100</b>		Purpose <b>telephone</b>			
City <b>Aurora</b>		State <b>I</b>	Zip Code <b>L</b>	Check Number <b>60507</b>	<b>NA</b>
To Whom Paid <b>ATT</b>		M <b>1 0</b>	D <b>0 0</b>	Y <b>6 0 9</b>	Amount <b>29.90</b>
Address <b>PO Box 8100</b>		Purpose <b>telephone</b>			
City <b>Aurora</b>		State <b>I</b>	Zip Code <b>L</b>	Check Number <b>60507</b>	<b>NA</b>
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City		State	Zip Code	Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City		State	Zip Code	Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City		State	Zip Code	Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City		State	Zip Code	Check Number	
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City		State	Zip Code	Check Number	

Event Date 6/11/09Page 1

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				
<b>Joey D. Williams for City Commission Committee</b>				
Full Name of Contributor <b>James Fink Sr.</b>		Registration Number, if PAC		
Street Address <b>2422 Adirondack Trail</b>		Employer/Occupation/Labor Organization* <b></b>		
		M	D	Y
		0	6	1
		1	1	0
		9		
		Amount <b>100.00</b>		
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45409</b>	Form(Cash,Check,etc) <b>Check</b>
Full Name of Contributor				
<b>Jack King</b>				
Street Address <b>460 Rue Marseille</b>		Employer/Occupation/Labor Organization* <b></b>		
		M	D	Y
		0	6	1
		1	1	0
		9		
		Amount <b>100.00</b>		
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>
Full Name of Contributor				
<b>Sally ann James</b>				
Street Address <b>233 Kingsley Park Dr.</b>		Employer/Occupation/Labor Organization* <b></b>		
		M	D	Y
		0	6	1
		1	1	0
		9		
		Amount <b>50.00</b>		
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>
Full Name of Contributor				
<b>John Bullock</b>				
Street Address <b>565 Sanctuary Dr., Unit B506</b>		Employer/Occupation/Labor Organization* <b></b>		
		M	D	Y
		0	6	1
		1	1	0
		9		
		Amount <b>200.00</b>		
City <b>Longboat Key</b>		State <b>F</b>	Zip Code <b>34228</b>	Form(Cash,Check,etc) <b>Check</b>
Full Name of Contributor				
<b>Stephen Hecker</b>				
Street Address <b>10628 Chestnut Hill Lane</b>		Employer/Occupation/Labor Organization* <b></b>		
		M	D	Y
		0	6	1
		1	1	0
		9		
		Amount <b>100.00</b>		
City <b>Centerville</b>		State <b>O</b>	Zip Code <b>45458</b>	Form(Cash,Check,etc) <b>Check</b>
Full Name of Contributor				
<b>Horace Anderson</b>				
Street Address <b>4011 Spring Island</b>		Employer/Occupation/Labor Organization* <b></b>		
		M	D	Y
		0	6	1
		1	1	0
		9		
		Amount <b>200.00</b>		
City <b>Okatie</b>		State <b>S</b>	Zip Code <b>29909</b>	Form(Cash,Check,etc) <b>Check</b>
Full Name of Contributor				
<b>Betsey Whitney</b>				
Street Address <b>3507 Indian Hill Drive</b>		Employer/Occupation/Labor Organization* <b></b>		
		M	D	Y
		0	6	1
		1	1	0
		9		
		Amount <b>200.00</b>		
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**5,350.00**

Total expenditures this event

**0.00**

Page Total \$ **950.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				
<b>Joey D. Williams for City Commission Committee</b>				
Full Name of Contributor <b>John Gray</b>			Registration Number, if PAC	
Street Address <b>1911 Ridgeway Road</b>	Employer/Occupation/Labor Organization*		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	Amount <b>200.00</b>
City <b>Dayton</b>	State <input type="checkbox"/> H	Zip Code <b>45419</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>J.N. Eckstein</b>			Registration Number, if PAC	
Street Address <b>121 Grandon Road</b>	Employer/Occupation/Labor Organization*		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	Amount <b>200.00</b>
City <b>Dayton</b>	State <input type="checkbox"/> H	Zip Code <b>45419</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>William McCormick</b>			Registration Number, if PAC	
Street Address <b>4469 Southern Blvd.</b>	Employer/Occupation/Labor Organization*		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	Amount <b>100.00</b>
City <b>Kettering</b>	State <input type="checkbox"/> H	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Daniel Duval</b>			Registration Number, if PAC	
Street Address <b>829 Timberlake Court</b>	Employer/Occupation/Labor Organization*		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	Amount <b>100.00</b>
City <b>Dayton</b>	State <input type="checkbox"/> H	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Thomas Holton</b>			Registration Number, if PAC	
Street Address <b>96 W. Forrer Road</b>	Employer/Occupation/Labor Organization*		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	Amount <b>100.00</b>
City <b>Dayton</b>	State <input type="checkbox"/> H	Zip Code <b>45419</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Steven Cobb</b>			Registration Number, if PAC	
Street Address <b>2475 Deep Hollow Road</b>	Employer/Occupation/Labor Organization*		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	Amount <b>100.00</b>
City <b>Dayton</b>	State <input type="checkbox"/> H	Zip Code <b>45419</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>James Gottman</b>			Registration Number, if PAC	
Street Address <b>24 Grandon Road</b>	Employer/Occupation/Labor Organization*		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	Amount <b>50.00</b>
City <b>Dayton</b>	State <input type="checkbox"/> H	Zip Code <b>45419</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**5 350.00**

Total expenditures this event

**0.00**

Page Total \$ **850.00**

Event Date 6/11/09Page 3

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC							
Joey D. Williams for City Commission Committee		Form(Cash,Check,etc)							
Full Name of Contributor <b>George Homan</b>		Amount							
Street Address <b>3400 Encrete Lane</b>		Employer/Occupation/Labor Organization*			M	D	Y	500.00	
City <b>Dayton</b>		State <b>O</b>	H	Zip Code <b>45439</b>	Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>M. W. Craig</b>		Registration Number, if PAC							
Street Address <b>4482 Blairgowrie Circle</b>		Employer/Occupation/Labor Organization*			M	D	Y	100.00	
City <b>Dayton</b>		State <b>O</b>	H	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Richard Pohl</b>		Registration Number, if PAC							
Street Address <b>320 Fairforest Circle</b>		Employer/Occupation/Labor Organization*			M	D	Y	100.00	
City <b>Dayton</b>		State <b>O</b>	H	Zip Code <b>45419</b>	Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Thomas Kemp</b>		Registration Number, if PAC							
Street Address <b>816 Timberlake Court</b>		Employer/Occupation/Labor Organization*			M	D	Y	100.00	
City <b>Kettering</b>		State <b>O</b>	H	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>John Giering</b>		Registration Number, if PAC							
Street Address <b>501 Stonehaven Road</b>		Employer/Occupation/Labor Organization*			M	D	Y	100.00	
City <b>Kettering</b>		State <b>O</b>	H	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Robert Nevin</b>		Registration Number, if PAC							
Street Address <b>1100 Pawley's Plantation Court</b>		Employer/Occupation/Labor Organization*			M	D	Y	100.00	
City <b>Xenia</b>		State <b>O</b>	H	Zip Code <b>45385</b>	Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Gary Hunt</b>		Registration Number, if PAC							
Street Address <b>4015 Conference Road</b>		Employer/Occupation/Labor Organization*			M	D	Y	100.00	
City <b>Bellbrook</b>		State <b>O</b>	H	Zip Code <b>45305</b>	Form(Cash,Check,etc) <b>Check</b>				

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**5,350.00**

Total expenditures this event

**0.00**

Page Total \$ **1,100.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Joey D. Williams for City Commission Committee							
Full Name of Contributor Robert Harris				Registration Number, if PAC			
Street Address 1250 West Dorothy Lane, Suite 307		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	1 0 9 200.00
City Kettering		State O   H	Zip Code 45409	Form(Cash,Check,etc) Check			
Full Name of Contributor Christopher Cummings				Registration Number, if PAC			
Street Address 475 Stonehaven Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	1 0 9 200.00
City Kettering		State O   H	Zip Code 45429	Form(Cash,Check,etc) Check			
Full Name of Contributor Jim Tinney				Registration Number, if PAC			
Street Address 5732 Springboro Pike		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	1 0 9 200.00
City Dayton		State O   H	Zip Code 45459	Form(Cash,Check,etc) Check			
Full Name of Contributor Susan Kettering				Registration Number, if PAC			
Street Address 318 Southview Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	1 0 9 100.00
City Dayton		State O   H	Zip Code 45419	Form(Cash,Check,etc) Check			
Full Name of Contributor L.A. Fussnecker				Registration Number, if PAC			
Street Address 5572 Mark Dale Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	1 0 9 100.00
City Dayton		State O   H	Zip Code 45459	Form(Cash,Check,etc) Check			
Full Name of Contributor John Proud				Registration Number, if PAC			
Street Address 5786 Stone Lake Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	1 0 9 200.00
City Dayton		State O   H	Zip Code 45429	Form(Cash,Check,etc) Check			
Full Name of Contributor R. Alan Baker				Registration Number, if PAC			
Street Address 3003 Winding Way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	1 0 9 200.00
City Kettering		State O   H	Zip Code 45419	Form(Cash,Check,etc) Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

5 350.00

Total expenditures this event

0.00

Page Total \$ 1,200.00

Event Date 6/11/09Page 5

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
<b>Joey D. Williams for City Commission Committee</b>							
Full Name of Contributor <b>William Kasch</b>				Registration Number, if PAC			
Street Address <b>4406 Southern Blvd</b>		Employer/Occupation/Labor Organization*		M <b>0 6 1 1 0 9</b>	D <b>1</b>	Y <b>0</b>	Amount <b>100.00</b>
City <b>Kettering</b>		State <b>O</b>	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>James Woodhull</b>				Registration Number, if PAC			
Street Address <b>1206 Oakwood Ave</b>		Employer/Occupation/Labor Organization*		M <b>0 6 1 1 0 9</b>	D <b>1</b>	Y <b>0</b>	Amount <b>100.00</b>
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45419</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Michael Ervin</b>				Registration Number, if PAC			
Street Address <b>151 Brown St.</b>		Employer/Occupation/Labor Organization*		M <b>0 6 1 1 0 9</b>	D <b>1</b>	Y <b>0</b>	Amount <b>200.00</b>
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45402</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Catherine Black</b>				Registration Number, if PAC			
Street Address <b>20 Woods Road</b>		Employer/Occupation/Labor Organization*		M <b>0 6 1 1 0 9</b>	D <b>1</b>	Y <b>0</b>	Amount <b>100.00</b>
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45419</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Kenneth Manifold</b>				Registration Number, if PAC			
Street Address <b>1654 S. Smithville Road</b>		Employer/Occupation/Labor Organization*		M <b>0 6 1 1 0 9</b>	D <b>1</b>	Y <b>0</b>	Amount <b>250.00</b>
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>William Schneider</b>				Registration Number, if PAC			
Street Address <b>5502 Tall Trees</b>		Employer/Occupation/Labor Organization*		M <b>0 6 1 1 0 9</b>	D <b>1</b>	Y <b>0</b>	Amount <b>200.00</b>
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>J. Michael Herr</b>				Registration Number, if PAC			
Street Address <b>1114 Rue Marseille</b>		Employer/Occupation/Labor Organization*		M <b>0 6 1 1 0 9</b>	D <b>1</b>	Y <b>0</b>	Amount <b>200.00</b>
City <b>Kettering</b>		State <b>O</b>	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**5,350.00**

Total expenditures this event

**0.00**

Page Total \$ **1,150.00**

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Joey D. Williams for City Commission Committee</b>				
Full Name of Contributor <b>Contributions/Various individuals</b>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M      D      Y      Amount
				0 6 1 1 0 9 100.00
City		State	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor				
Street Address		Employer/Occupation/Labor Organization*		M      D      Y      Amount
City		State	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor				
Street Address		Employer/Occupation/Labor Organization*		M      D      Y      Amount
City		State	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor				
Street Address		Employer/Occupation/Labor Organization*		M      D      Y      Amount
City		State	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor				
Street Address		Employer/Occupation/Labor Organization*		M      D      Y      Amount
City		State	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor				
Street Address		Employer/Occupation/Labor Organization*		M      D      Y      Amount
City		State	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor				
Street Address		Employer/Occupation/Labor Organization*		M      D      Y      Amount
City		State	Zip Code	Form(Cash,Check,etc)

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

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

**Total contributions this event**

**Total expenditures this event**

Page Total \$ 100.00

5,350.00

1000

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
<b>Joey D. Williams for City Commission Committee</b>							
Full Name of Contributor <b>Douglas Dempsey</b>				Registration Number, if PAC			
Street Address <b>24 N. Westview Ave.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>50.00</b>
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45403</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Laurence Jones</b>				Registration Number, if PAC			
Street Address <b>740 W. Kemper Rd.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>40.00</b>
City <b>Cincinnati</b>		State <b>O</b>	Zip Code <b>45246</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Martin Beyer</b>				Registration Number, if PAC			
Street Address <b>1900 Kettering Tower</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>0</b>	Amount <b>30.00</b>
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45423</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Jefferson Township Democratic Club</b>				Registration Number, if PAC			
Street Address <b>5211 Big Bend Drive</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>0</b>	Amount <b>50.00</b>
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45427</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Dayton Metropolitan UAW-CAP Council</b>				Registration Number, if PAC			
Street Address <b>1543 Alwildy Ave.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45408</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Tyria Stone</b>				Registration Number, if PAC			
Street Address <b>2 Deshler Place</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>3</b>	Amount <b>60.00</b>
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45405</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Beverly King</b>				Registration Number, if PAC			
Street Address <b>1001 Ripplecreek Ct.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>3</b>	Amount <b>50.00</b>
City <b>Centerville</b>		State <b>O</b>	Zip Code <b>45458</b>	Form(Cash,Check,etc) <b>Check</b>			

\* 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))

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**1,005.00**

Total expenditures this event

**983.55**

Page Total \$ **380.00**

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full												
Joey D. Williams for City Commission Committee												
To Whom Paid				M	D	Y	Amount					
Howard Huffman				0	7	0	8	0	9	650.00		
Address		Purpose										
925 McArthur Ave.		Food										
City		State	Zip Code	Check Number								
Dayton		O   H	45408	299								
To Whom Paid						M	D	Y	Amount			
Dayton Printery						0	5	2	7	0	9	283.55
Address		Purpose										
6550 Poe Ave.		Fliers and tickets										
City		State	Zip Code	Check Number								
Dayton		O   H	45413	294								
To Whom Paid						M	D	Y	Amount			
Erica Bruton						0	5	3	1	0	9	50.00
Address		Purpose										
115 W. Monument Ave., #603		Ticket design										
City		State	Zip Code	Check Number								
Dayton		O   H	45402	295								
To Whom Paid						M	D	Y	Amount			
Address		Purpose										
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address		Purpose										
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address		Purpose										
City		State	Zip Code	Check Number								
To Whom Paid						M	D	Y	Amount			
Address		Purpose										
City		State	Zip Code	Check Number								

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Joey D. Williams for City Commission Committee</b>	
Full Name of Contributor <b>Contributions/Various Individuals</b>	
Street Address  <b>24 N. Westview Ave.</b>	Employer/Occupation/Labor Organization*  <b>Cash/Checks</b>
M <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 9	D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amount <b>575.00</b>
City  <b>Dayton</b>	State <input type="checkbox"/> Zip Code <b>45403</b>
Form(Cash, Check, etc) <b>Check</b>	
Registration Number, if PAC	
Full Name of Contributor  <b>Contributions/Various Individuals</b>	
Street Address  <b>24 N. Westview Ave.</b>	Employer/Occupation/Labor Organization*  <b>Cash/Checks</b>
M <input type="checkbox"/> 7 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 9	D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amount <b>50.00</b>
City  <b>Dayton</b>	State <input type="checkbox"/> H Zip Code <b>45403</b>
Form(Cash, Check, etc) <b>Check</b>	
Registration Number, if PAC	
Full Name of Contributor  <b>Contributions/Various Individuals</b>	
Street Address  <b>24 N. Westview Ave.</b>	Employer/Occupation/Labor Organization*  <b>Cash/Checks</b>
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amount	D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amount
City  <b>Dayton</b>	State <input type="checkbox"/> Zip Code <b>45403</b>
Form(Cash, Check, etc) <b>Check</b>	
Registration Number, if PAC	
Full Name of Contributor  <b>Contributions/Various Individuals</b>	
Street Address  <b>24 N. Westview Ave.</b>	Employer/Occupation/Labor Organization*  <b>Cash/Checks</b>
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amount	D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amount
City  <b>Dayton</b>	State <input type="checkbox"/> Zip Code <b>45403</b>
Form(Cash, Check, etc) <b>Check</b>	
Registration Number, if PAC	
Full Name of Contributor  <b>Contributions/Various Individuals</b>	
Street Address  <b>24 N. Westview Ave.</b>	Employer/Occupation/Labor Organization*  <b>Cash/Checks</b>
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amount	D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amount
City  <b>Dayton</b>	State <input type="checkbox"/> Zip Code <b>45403</b>
Form(Cash, Check, etc) <b>Check</b>	
Registration Number, if PAC	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**1,005.00**

Total expenditures this event

**983.55**

Page Total \$ **625.00**

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Joey D. Williams for City Commission Committee							
Full Name of Contributor <b>C.J. Hinton</b>				M	D	Y	Amount
Street Address <b>934 Fawn Lea Trail</b>		Employer/Occupation/Labor Organization*		0	9	1	1
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45459</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Fawn Williams</b>				Registration Number, if PAC			
Street Address <b>4319 Philadelphia Dr.</b>		Employer/Occupation/Labor Organization*		0	9	3	0
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45405</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>John Chatman</b>				Registration Number, if PAC			
Street Address <b>1425 Tennyson Ave.</b>		Employer/Occupation/Labor Organization*		1	0	0	1
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45406</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Ronald Cothran</b>				Registration Number, if PAC			
Street Address <b>3562 Surry Ridge Way</b>		Employer/Occupation/Labor Organization*		1	0	0	1
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45424</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Churchill Hale</b>				Registration Number, if PAC			
Street Address <b>1960 Infirmary Rd.</b>		Employer/Occupation/Labor Organization*		1	0	0	1
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45405</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Richard Clay Dixon</b>				Registration Number, if PAC			
Street Address <b>700 Torrington Pl</b>		Employer/Occupation/Labor Organization*		1	0	0	1
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45406</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Richard Wright</b>				Registration Number, if PAC			
Street Address <b>821 Accent Park Dr.</b>		Employer/Occupation/Labor Organization*		1	0	0	1
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45427</b>	Form(Cash,Check,etc) <b>check</b>			

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**1,735.00**

Total expenditures this event

**1,296.49**

Page Total \$ **460.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
<b>Joey D. Williams for City Commission Committee</b>							
Full Name of Contributor <b>CR Washington Co LPA</b>				Registration Number, if PAC			
Street Address <b>130 W. 2nd St., Suite 1600</b>	Employer/Occupation/Labor Organization*			M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>40.00</b>
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45402</b>		Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Tyria A. Stone</b>				Registration Number, if PAC			
Street Address <b>2 Deshler Place</b>	Employer/Occupation/Labor Organization*			M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>60.00</b>
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45405</b>		Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Kurt Stanic</b>				Registration Number, if PAC			
Street Address <b>330 W. First St., Apt. 901</b>	Employer/Occupation/Labor Organization*			M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>50.00</b>
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45402</b>		Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Michele A. Roberts</b>				Registration Number, if PAC			
Street Address <b>1115 Wisconsin Blvd.</b>	Employer/Occupation/Labor Organization*			M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>100.00</b>
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45408</b>		Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Swick Enterprises</b>				Registration Number, if PAC			
Street Address <b>536 W. Central Ave.</b>	Employer/Occupation/Labor Organization*			M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>100.00</b>
City <b>Springboro</b>	State <b>O</b>	Zip Code <b>45066</b>		Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Contributions for various individuals</b>				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>925.00</b>
City	State <b>O</b>	Zip Code		Form(Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			M <b> </b>	D <b> </b>	Y <b> </b>	Amount
City	State <b> </b>	Zip Code		Form(Cash, Check, etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**1,735.00**

Total expenditures this event

**1,296.49**

Page Total \$ **1,275.00**

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
Joey D. Williams for City Commission Committee								
To Whom Paid		M	D	Y	Amount			
Bonafide Foods		1	0	0	1	0	9	450.00
Address	Purpose							
2180 Sierra Mist Court	Food							
City	State	Zip Code	Check Number					
Dayton	O   H	45414	307					
To Whom Paid		M	D	Y	Amount			
Beverly Odoms		1	0	0	1	0	9	100.00
Address	Purpose							
132 S. Jefferson St.	Fashion Show							
City	State	Zip Code	Check Number					
Dayton	O   H	45402	305					
To Whom Paid		M	D	Y	Amount			
Derron Bell		1	0	0	1	0	9	350.00
Address	Purpose							
PO Box 5704	Music							
City	State	Zip Code	Check Number					
Dayton	O   H	45405	308					
To Whom Paid		M	D	Y	Amount			
Robert Shroyer		1	0	0	1	0	9	125.00
Address	Purpose							
132 S. Jefferson St.	Entertainment							
City	State	Zip Code	Check Number					
Dayton	O   H	45402	309					
To Whom Paid		M	D	Y	Amount			
Gary Elliott		1	0	0	2	0	9	50.00
Address	Purpose							
132 S. Jefferson St.	Photos							
City	State	Zip Code	Check Number					
Dayton	O   H	45402	117					
To Whom Paid		M	D	Y	Amount			
Dayton Printery		0	9	2	4	0	9	221.49
Address	Purpose							
6550 Poe Ave.	printing fliers and tickets							
City	State	Zip Code	Check Number					
Dayton	O   H	45413	303					
To Whom Paid		M	D	Y	Amount			
Address	Purpose							
City	State	Zip Code	Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Joey D. Williams for City Commission Committee</b>				
Full Name of Contributor <b>Stephen Hightower</b>			Registration Number, if PAC	
Street Address <b>1017 Gage Dr.</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>1</b> D <b>0</b> Y <b>0</b>	Amount <b>50.00</b>
City <b>Middletown</b>	State <b>O</b>	Zip Code <b>45042</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Eugene Troy Singer</b>				
Street Address <b>715 Superior Ave.</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>1</b> D <b>0</b> Y <b>6</b>	Amount <b>100.00</b>
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45402</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>John Smalley</b>				
Street Address <b>131 North Ludlow St., Suite 1400</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>0</b> D <b>9</b> Y <b>2</b>	Amount <b>100.00</b>
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45402</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Lee Esprit</b>				
Street Address <b>1968 El Camino Dr.</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>0</b> D <b>9</b> Y <b>3</b>	Amount <b>50.00</b>
City <b>Xenia</b>	State <b>O</b>	Zip Code <b>45385</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>James R. Payne</b>				
Street Address <b>5381 Eastport Ave.</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>1</b> D <b>0</b> Y <b>0</b>	Amount <b>50.00</b>
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45427</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Committee to Elect Debbie Lieberman</b>				
Street Address <b>161 Huffman Ave.</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>1</b> D <b>0</b> Y <b>6</b>	Amount <b>50.00</b>
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45403</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Mary Sue Kessler</b>				
Street Address <b>5604 Duck Row</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>1</b> D <b>0</b> Y <b>0</b>	Amount <b>50.00</b>
City <b>Dayton</b>	State <b>O</b>	Zip Code <b>45429</b>	Form(Cash,Check,etc) <b>Check</b>	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1120.00

Total expenditures this event

0.00

Page Total \$ 450.00

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Joey D. Williams for City Commission Committee</b>								
Full Name of Contributor <b>John Fletcher Jr.</b>		Registration Number, if PAC						
Street Address <b>1124 Salem Ave., Apt. 6</b>		Employer/Occupation/Labor Organization* <b></b>						
		M	D	Y	Amount			
		1	0	0	8	0	9	50.00
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45406</b>	Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Julius Carter</b>				Registration Number, if PAC				
Street Address <b>4001 Palos Verdes Ct.</b>		Employer/Occupation/Labor Organization* <b></b>		M	D	Y	Amount	
		1	0	0	8	0	9	250.00
City <b>Trotwood</b>		State <b>O   H</b>	Zip Code <b>45426</b>	Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Leonard Roberts</b>				Registration Number, if PAC				
Street Address <b>818 Cornell Dr.</b>		Employer/Occupation/Labor Organization* <b></b>		M	D	Y	Amount	
		1	0	0	8	0	9	50.00
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45406</b>	Form(Cash,Check,etc) <b>check</b>				
Full Name of Contributor <b>Committee to Keep Stacy Thompson</b>				Registration Number, if PAC				
Street Address <b>3319 Waldeck Pl.</b>		Employer/Occupation/Labor Organization* <b></b>		M	D	Y	Amount	
		1	0	0	8	0	9	50.00
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45405</b>	Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Samuel Sims</b>				Registration Number, if PAC				
Street Address <b>4781 Kentfield Dr.</b>		Employer/Occupation/Labor Organization* <b></b>		M	D	Y	Amount	
		1	0	0	8	0	9	50.00
City <b>Dayton</b>		State <b>O   H</b>	Zip Code <b>45426</b>	Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Aaron Durden</b>				Registration Number, if PAC				
Street Address <b></b>		Employer/Occupation/Labor Organization* <b></b>		M	D	Y	Amount	
		1	0	0	1	0	9	40.00
City <b></b>		State <b></b>	Zip Code <b></b>	Form(Cash,Check,etc)				
Full Name of Contributor <b>Contributions/Various Individuals</b>				Registration Number, if PAC				
Street Address <b></b>		Employer/Occupation/Labor Organization* <b></b>		M	D	Y	Amount	
		1	0	0	1	0	9	180.00
City <b></b>		State <b></b>	Zip Code <b></b>	Form(Cash,Check,etc)				

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Total contributions this event

**1 120.00**

Total expenditures this event

**0.00**

Page Total \$ **670.00**

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Joey D. Williams for City Commission Committee</b>		Registration Number, if PAC			
Full Name of Contributor <b>John Fletcher Jr.</b>		M D Y Amount <b>1 0 0 8 0 9 50.00</b>			
Street Address <b>1124 Salem Ave., Apt. 6</b>		Employer/Occupation/Labor Organization*		Form(Cash,Check,etc) <b>Check</b>	
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45406</b>		
Full Name of Contributor <b>Julius Carter</b>		Registration Number, if PAC			
Street Address <b>4001 Palos Verdes Ct.</b>		Employer/Occupation/Labor Organization*		M D Y Amount <b>1 0 0 8 0 9 250.00</b>	
City <b>Trotwood</b>		State <b>O</b>	Zip Code <b>45426</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Leonard Roberts</b>		Registration Number, if PAC			
Street Address <b>818 Cornell Dr.</b>		Employer/Occupation/Labor Organization*		M D Y Amount <b>1 0 0 8 0 9 50.00</b>	
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45406</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Committee to Keep Stacy Thompson</b>		Registration Number, if PAC			
Street Address <b>3319 Waldeck Pl.</b>		Employer/Occupation/Labor Organization*		M D Y Amount <b>1 0 0 8 0 9 50.00</b>	
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45405</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Samuel Sims</b>		Registration Number, if PAC			
Street Address <b>4781 Kentfield Dr.</b>		Employer/Occupation/Labor Organization*		M D Y Amount <b>1 0 0 8 0 9 50.00</b>	
City <b>Dayton</b>		State <b>O</b>	Zip Code <b>45426</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Aaron Durden</b>		Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount <b>1 0 0 1 0 9 40.00</b>	
City		State <b> </b>	Zip Code <b> </b>	Form(Cash,Check,etc)	
Full Name of Contributor <b>Contributions/Various Individuals</b>		Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M D Y Amount <b>1 0 0 1 0 9 180.00</b>	
City		State <b> </b>	Zip Code <b> </b>	Form(Cash,Check,etc)	

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Fill in the boxes below only on the last page for this event.

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Total contributions this event

**1,120.00**

Total expenditures this event

**0.00**

Page Total \$ **670.00**