

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|-------------|---|--------------|---|---------------|-----------------------------|--------------|
| Full Name of Committee Joey D. Williams for City Commission Committee | | | | | | Registration Number, if PAC | |
| Full Name of Candidate Joey D. Williams | | | | | | | |
| Street Address 1229 Sunnview Ave. | | | | Office Sought City Commissioner | | District | |
| City Dayton | | | | State O H | | Zip Code 45406 | |
| Type of Report (place X in the box of report type) | Pre-Primary | | Post-Primary | | X Pre-General | | Post-General |
| | July | | August | | September | | Annual Year |
| | Monthly | | Monthly | | Monthly | | Semiannual |
| Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Date of Election | | M | 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.

RECEIVED
2009 OCT 22 PM 1:06

| | |
|---|--------------|
| Amount transferred forward from last report | \$ 808.74 |
| Total monetary contributions (from Form No. 31-A-1) | \$ 7,358.14 |
| Total other means (from Form No. 31-A-2) | \$ 9,210.00 |
| Total funds raised (sum of lines 1 & 2) | \$ 17,376.88 |
| Total monetary expenditures (from Form No. 31-B-1) | \$ 10,226.49 |
| Balance on hand (line 4 minus line 5) | \$ 7,150.39 |
| Value of in-kind contributions received (from Form No. 31-B-2) | \$ |
| Value of in-kind contributions made (from Form No. 31-B-3) | \$ |
| Outstanding loans owed by committee (from Form No. 31-C-1) | \$ |
| Outstanding debts owed by committee (from Form No. 31-C-2) | \$ |
| Outstanding loans owed to committee (from Form No. 31-C-3) | \$ |
| Value of independent expenditures made (from Form No. 31-D) | \$ |
| For Electronic Filing: Both electronically filed and amount (if any) was received within period | \$ |

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)

Signature

10/22/2009

Date

Contribution
pages **9**

Expenditure
pages **5**

Other
pages **14**

Total
pages **28**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|-----------------------|---|---------------|---------------|--|-------------------------|--|
| Name of Committee in Full Joey D. Williams for City Commission Committee | | | | | | | |
| Full Name of Contributor J. Wray Blattner | | | | | Registration Number, if PAC | | |
| Street Address 526 Garden Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45419 | M 0 | D 9 | Y 2 | 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.) Check | | |
| City Centerville | State O H | Zip Code 45459 | M 0 | D 9 | Y 2 | 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.) Check | | |
| City Dayton | State O H | Zip Code 45414 | M 0 | D 9 | Y 2 | 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.) Check | | |
| City Dayton | State O H | Zip Code 45427 | M 0 | D 9 | Y 2 | 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.) Check | | |
| City Dayton | State O H | Zip Code 45418 | M 1 | D 0 | Y 0 | 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.) Check | | |
| City Dayton | State O H | Zip Code 45406 | M 1 | D 0 | Y 0 | 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.) Check | | |
| City Dayton | State O H | Zip Code 45405 | M 0 | D 9 | Y 2 | 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.) Check | | |
| City Dayton | State O H | Zip Code 45424 | M 1 | D 0 | Y 0 | 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 Joey D. Williams for City Commission Committee | | | | | | | | | |
| Full Name of Contributor Ted Gudorf | | | | | | Registration Number, if PAC | | | |
| Street Address 8141 N. Main St. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45415 | M 0 | D 9 | Y 2 | 3 | 0 | 9 | Amount 100.00 |
| Full Name of Contributor Gerald Parisi | | | | | | Registration Number, if PAC | | | |
| Street Address 1255 Spangler Rd. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Fairborn | State O H | Zip Code 45324 | M 0 | D 9 | Y 2 | 1 | 0 | 9 | Amount 250.00 |
| Full Name of Contributor David Nolan | | | | | | Registration Number, if PAC | | | |
| Street Address 2321 Abbey Lane | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Xenia | State O H | Zip Code 45385 | M 0 | D 7 | Y 1 | 0 | 0 | 9 | Amount 50.00 |
| Full Name of Contributor Michael Manchester | | | | | | Registration Number, if PAC | | | |
| Street Address 3549 Springdale Dr. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Kettering | State O H | Zip Code 45419 | M 0 | D 6 | Y 1 | 5 | 0 | 9 | Amount 100.00 |
| Full Name of Contributor Sharon Platt | | | | | | Registration Number, if PAC | | | |
| Street Address 3663 Berrywood Dr. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45424 | M 0 | D 8 | Y 1 | 0 | 0 | 9 | Amount 25.00 |
| Full Name of Contributor Nellie Terrell | | | | | | Registration Number, if PAC | | | |
| Street Address 731 Mt. Clair Ave. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45408 | M 0 | D 8 | Y 0 | 4 | 0 | 9 | Amount 25.00 |
| Full Name of Contributor Walter Reynolds | | | | | | Registration Number, if PAC | | | |
| Street Address 610 W. Siebenthaler | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45405 | M 0 | D 8 | Y 0 | 2 | 0 | 9 | Amount 100.00 |
| Full Name of Contributor Beverly Smith | | | | | | Registration Number, if PAC | | | |
| Street Address 799 Westledge Dr. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Trotwood | State O H | Zip Code 45426 | M 0 | D 8 | Y 1 | 3 | 0 | 9 | Amount 25.00 |

* 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 \$ 675.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | | |
|--|--|-----------------------|---|--------------------------|--|-----------------------------|--|-------------------|--|-------------------|--|-------------------------|--|
| Name of Committee in Full Joey D. Williams for City Commission Committee | | | | | | | | | | | | | |
| Full Name of Contributor James Manning | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 7106 Moberly Pl. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Huber Heights | | State O H | | Zip Code 4542 | | M 0 8 | | D 0 4 | | Y 0 9 | | Amount 50.00 | |
| Full Name of Contributor Donna Wright | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 413 Majestic Dr. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Dayton | | State O H | | Zip Code 45427 | | M 0 9 | | D 0 9 | | Y 0 9 | | Amount 50.00 | |
| Full Name of Contributor Richard Carlile | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 145 Wisteria Dr. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Dayton | | State O H | | Zip Code 45419 | | M 0 9 | | D 0 3 | | Y 0 9 | | Amount 100.00 | |
| Full Name of Contributor Alice Pierce | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 2278 Crestridge | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Dayton | | State O H | | Zip Code 45414 | | M 0 9 | | D 1 0 | | Y 0 9 | | Amount 100.00 | |
| Full Name of Contributor James Robinson | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 4213 Tradewind Ct. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Englewood | | State O H | | Zip Code 45322 | | M 0 9 | | D 0 1 | | Y 0 9 | | Amount 25.00 | |
| Full Name of Contributor Arik Sherk | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 1345 Devereux Dr. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Dayton | | State O H | | Zip Code 45419 | | M | | D | | Y | | Amount 200.00 | |
| Full Name of Contributor Linn Harson | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 2896 N. River Rd. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Yellow Springs | | State O H | | Zip Code 45387 | | M 0 9 | | D 1 7 | | Y 0 9 | | Amount 50.00 | |
| Full Name of Contributor Francesco Ferrante | | | | | | Registration Number, if PAC | | | | | | | |
| Street Address 630 Evans Lane | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | | | |
| City Dayton | | State O H | | Zip Code 45459 | | M 0 9 | | D 1 6 | | 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 \$ 675.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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

* 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 \$ 1,075.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|-----------------------|---|-------------------|-------------------|--|-------------------------|--|
| Name of Committee in Full Joey D. Williams for City Commission Committee | | | | | | | |
| Full Name of Contributor Lois Crutcher | | | | | Registration Number, if PAC | | |
| Street Address 4205 Edison Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45417 | M 0 7 | D 1 4 | Y 0 9 | Amount 100.00 | |
| Full Name of Contributor Phillip Reid | | | | | Registration Number, if PAC | | |
| Street Address 616 Torrington Pl. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45406 | M 0 7 | D 2 7 | Y 0 9 | Amount 50.00 | |
| Full Name of Contributor Anthony Fairbanks | | | | | Registration Number, if PAC | | |
| Street Address 4439 St. James | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Money Order | | |
| City Dayton | State O H | Zip Code | M 0 8 | D 0 1 | Y 0 9 | Amount 50.00 | |
| Full Name of Contributor Mildred McGill | | | | | Registration Number, if PAC | | |
| Street Address 4219 Merryfield Ave. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45416 | M 0 7 | D 1 0 | Y 0 9 | Amount 25.00 | |
| Full Name of Contributor Rickey Poole | | | | | Registration Number, if PAC | | |
| Street Address 1617 Campus Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45406 | M 0 7 | D 2 4 | Y 0 9 | Amount 500.00 | |
| Full Name of Contributor Dixie Allen | | | | | Registration Number, if PAC | | |
| Street Address 4592 Toni Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45418 | M 0 7 | D 2 3 | Y 0 9 | Amount 25.00 | |
| Full Name of Contributor A. Hall | | | | | Registration Number, if PAC | | |
| Street Address 2957 Chateau Ct. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Farmington Hills | State M I | Zip Code 48334 | M 0 7 | D 2 3 | Y 0 9 | Amount 200.00 | |
| Full Name of Contributor Paul Tipps | | | | | Registration Number, if PAC | | |
| Street Address 137 E. State St. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43215 | M 0 7 | D 1 7 | 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 \$ 1,050.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|-----------------------|---|-------------------|-------------------|---|-------------------------|--|
| Name of Committee in Full Joey D. Williams for City Commission Committee | | | | | | | |
| Full Name of Contributor Troy Singer | | | | | Registration Number, if PAC | | |
| Street Address 715 Superior Ave. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45402 | M 0 6 | D 0 1 | Y 0 9 | Amount 500.00 | |
| Full Name of Contributor Vail Miller | | | | | Registration Number, if PAC | | |
| Street Address 1247 Leo St. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45404 | M 0 6 | D 0 1 | Y 0 9 | Amount 500.00 | |
| Full Name of Contributor Beverly Shillito | | | | | Registration Number, if PAC | | |
| Street Address 3212 Winding Way | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) PayPal | | |
| City Kettering | State O H | Zip Code 45419 | M 0 8 | D 1 8 | Y 0 9 | Amount 98.14 | |
| 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 Joey D. Williams for City Commission Committee | | | | | | | | | |
| To Whom Paid Montgomery County Board of Elections | | | | | | M 0 | D 3 | Y 0 | Amount 45.00 |
| Address 451 W. Third St. | | Purpose Filing fees | | | | | | | |
| City Dayton | State O | H H | Zip Code 45402 | Check Number 288 | | | | | |
| To Whom Paid Jack & Jill Association | | | | | | M 0 | D 3 | Y 1 | Amount 50.00 |
| Address P.O. Box 4205 | | Purpose Ad | | | | | | | |
| City Dayton | State O | H H | Zip Code 45401 | Check Number 289 | | | | | |
| To Whom Paid Delta Sigma Theta | | | | | | M 0 | D 3 | Y 1 | Amount 50.00 |
| Address PO Box 2316 | | Purpose Ad | | | | | | | |
| City Dayton | State O | H H | Zip Code 45401 | Check Number 290 | | | | | |
| To Whom Paid Ohio Ethics Commission | | | | | | M 0 | D 4 | Y 1 | Amount 25.00 |
| Address 8 E. Long St. | | Purpose Fees | | | | | | | |
| City Columbus | State O | H H | Zip Code 43215 | Check Number 291 | | | | | |
| To Whom Paid Michael Colvin | | | | | | M 0 | D 5 | Y 0 | Amount 225.00 |
| Address 520 Crawley Run #205 | | Purpose Website development | | | | | | | |
| City Centerville | State O | H H | Zip Code 45458 | Check Number 292 | | | | | |
| To Whom Paid Dayton Printery | | | | | | M 0 | D 6 | Y 1 | Amount 104.86 |
| Address 6550 Poe Ave. | | Purpose printing | | | | | | | |
| City Dayton | State O | H H | Zip Code 45413 | Check Number 293 | | | | | |
| To Whom Paid Dayton Printery | | | | | | M 0 | D 6 | Y 1 | Amount 402.32 |
| Address 6550 Poe Ave. | | Purpose printing | | | | | | | |
| City Dayton | State O | H H | Zip Code 45413 | Check Number 296 | | | | | |
| To Whom Paid Ruskin School/East End Community School | | | | | | M 0 | D 3 | Y 0 | Amount 50.00 |
| Address 6500 Poe Ave. | | Purpose Ad | | | | | | | |
| City Dayton | State O | H H | Zip Code 45413 | Check Number 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 Michael Colvin | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 7 | 1 | 2 |
| | | | | | | 0 | 9 | | 125.00 |
| Address 520 Crawley Run #205 | | | | Purpose web design | | | | | |
| City Centerville | | | | State O H | | Zip Code 45458 | | Check Number 300 | |
| To Whom Paid Wayman Church | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 7 | 2 | 6 |
| | | | | | | 0 | 9 | | 100.00 |
| Address 3317 Hoover Ave. | | | | Purpose Contribution | | | | | |
| City Dayton | | | | State O H | | Zip Code 45402 | | Check Number 104 | |
| To Whom Paid ABC/DM | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 7 | 2 | 7 |
| | | | | | | 0 | 9 | | 260.00 |
| Address 5688 Wadsworth Rd. | | | | Purpose Mailing | | | | | |
| City Dayton | | | | State O H | | Zip Code 45414 | | Check Number 301 | |
| To Whom Paid U.S. Postmaster | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 7 | 3 | 1 |
| | | | | | | 0 | 9 | | 26.40 |
| Address 1111 E. Fifth St. | | | | Purpose postage | | | | | |
| City Dayton | | | | State O H | | Zip Code 45401 | | Check Number 302 | |
| To Whom Paid Fawn Williams | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 8 | 0 | 7 |
| | | | | | | 0 | 9 | | 70.00 |
| Address 4319 Philadelphia Dr. | | | | Purpose Consulting | | | | | |
| City Dayton | | | | State O H | | Zip Code 45405 | | Check Number 107 | |
| To Whom Paid Omega Church | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 8 | 1 | 5 |
| | | | | | | 0 | 9 | | 50.00 |
| Address 1810 Harvard Blvd. | | | | Purpose contribution | | | | | |
| City Dayton | | | | State O H | | Zip Code 45406 | | Check Number 108 | |
| To Whom Paid Corinthian Church | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 8 | 1 | 7 |
| | | | | | | 0 | 9 | | 100.00 |
| Address 700 S. James H. McGee | | | | Purpose contribution | | | | | |
| City Dayton | | | | State O H | | Zip Code 45408 | | Check Number 109 | |
| To Whom Paid Stacy Thompson for School Board | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 8 | 1 | 9 |
| | | | | | | 0 | 9 | | 50.00 |
| Address 3319 Waldeck Pl. | | | | Purpose Contribution | | | | | |
| City Dayton | | | | State O H | | Zip Code 45405 | | Check Number 110 | |

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 Phillips Temple | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 8 | 3 | 0 | 0 | 9 | 50.00 |
| Address 3620 Shiloh Springs Rd. | | | | Purpose contribution | | | | | | | | |
| City Trotwood | | State O | | Zip Code H 45426 | | Check Number 131 | | | | | | |
| To Whom Paid Central State University | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 9 | 0 | 1 | 0 | 9 | 250.00 |
| Address 1800 Brush Row Road | | | | Purpose Ad | | | | | | | | |
| City Wilberforce | | State O | | Zip Code H 45384 | | Check Number 162 | | | | | | |
| To Whom Paid Fawn Williams | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 9 | 0 | 1 | 0 | 9 | 250.00 |
| Address 4319 Philadelphia Dr. | | | | Purpose consulting | | | | | | | | |
| City Dayton | | State O | | Zip Code H 45405 | | Check Number 163 | | | | | | |
| To Whom Paid Sawicki & Sons | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 9 | 1 | 1 | 0 | 9 | 400.00 |
| Address 1521 W. Lafayette Blvd | | | | Purpose yard signs | | | | | | | | |
| City Detroit | | State M | | Zip Code I | | Check Number 111 | | | | | | |
| To Whom Paid Fawn Williams | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 9 | 3 | 0 | 0 | 9 | 150.00 |
| Address 4319 Philadelphia Dr. | | | | Purpose Consulting | | | | | | | | |
| City Dayton | | State O | | Zip Code H 45405 | | Check Number 113 | | | | | | |
| To Whom Paid Ron Lee for School Board | | | | | | M | D | Y | Amount | | | |
| | | | | | | 1 | 0 | 0 | 2 | 0 | 9 | 50.00 |
| Address 131 S. Wilkinson St. | | | | Purpose contribution | | | | | | | | |
| City Dayton | | State O | | Zip Code H 45402 | | Check Number 114 | | | | | | |
| To Whom Paid Meadowdale Pee Wee Football | | | | | | M | D | Y | Amount | | | |
| | | | | | | 1 | 0 | 0 | 2 | 0 | 9 | 125.00 |
| Address 4417 Williamson Dr. | | | | Purpose Ad | | | | | | | | |
| City Dayton | | State O | | Zip Code H 45417 | | Check Number 116 | | | | | | |
| To Whom Paid John Grav | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 9 | 0 | 1 | 0 | 9 | 200.00 |
| Address 1911 Ridgeway Ave. | | | | Purpose refund | | | | | | | | |
| City Dayton | | State O | | Zip Code H 45419 | | Check Number 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 | Amount 594.50 |
| Address 2267 Woodman Dr. | | Purpose Stickers & shirts | | | | | | | |
| City Dayton | State O | H H | Zip Code 45420 | Check Number 164 | | | | | |
| To Whom Paid Dayton Weekly | | | | | | M 1 | D 0 | Y 0 | Amount 1,000.00 |
| Address 118 Salem Avenue | | Purpose Ad | | | | | | | |
| City Dayton | State O | H H | Zip Code 45406 | Check Number 165 | | | | | |
| To Whom Paid Sawicki & Sons | | | | | | M 1 | D 0 | Y 0 | Amount 800.00 |
| Address 1521 W. Lafayette Blvd. | | Purpose Yard signs | | | | | | | |
| City Detroit | State M | I I | Zip Code | Check Number 166 | | | | | |
| To Whom Paid WDAO | | | | | | M 1 | D 0 | Y 0 | Amount 535.50 |
| Address 1012 W. Third St. | | Purpose advertising | | | | | | | |
| City Dayton | State O | H H | Zip Code 45402 | Check Number 167 | | | | | |
| To Whom Paid WDAO | | | | | | M 1 | D 0 | Y 0 | Amount 999.60 |
| Address 1012 W. Third St. | | Purpose advertising | | | | | | | |
| City Dayton | State O | H H | Zip Code 45402 | Check Number 168 | | | | | |
| To Whom Paid St. Margarets Church | | | | | | M 1 | D 0 | Y 0 | Amount 50.00 |
| Address 5301 Free Pike | | Purpose advertising | | | | | | | |
| City Dayton | State O | H H | Zip Code 45426 | Check Number 310 | | | | | |
| To Whom Paid Sawicki & Sons | | | | | | M 0 | D 9 | Y 2 | Amount 475.50 |
| Address 1521 W. Lafayette Blvd. | | Purpose vard signs | | | | | | | |
| City Detroit | State M | I I | Zip Code | Check Number 341 | | | | | |
| To Whom Paid Alpha Kappa Alpha Sorority | | | | | | M 1 | D 0 | Y 0 | Amount 200.00 |
| Address P.O. Box 24242 | | Purpose advertising | | | | | | | |
| City Dayton | State O | H H | Zip Code 45424 | Check Number 169 | | | | | |

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 ATT | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 7 | 0 | 37.92 |
| Address PO Box 8100 | | | Purpose telephone | | | | | | |
| City Aurora | | | State I | L | Zip Code 60507 | Check Number NA | | | |
| To Whom Paid ATT | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 8 | 0 | 14.95 |
| Address PO Box 8100 | | | Purpose telephone | | | | | | |
| City Aurora | | | State I | L | Zip Code 60507 | Check Number NA | | | |
| To Whom Paid ATT | | | | | | M | D | Y | Amount |
| | | | | | | 1 | 0 | 0 | 29.90 |
| Address PO Box 8100 | | | Purpose telephone | | | | | | |
| City Aurora | | | State I | L | Zip Code 60507 | Check Number NA | | | |
| 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 | | | |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

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

* 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 Joey D. Williams for City Commission Committee | | | | |
| Full Name of Contributor John Gray | | | Registration Number, if PAC | |
| Street Address 1911 Ridgeway Road | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 200.00 |
| City Dayton | State O H | Zip Code 45419 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor J.N. Eckstein | | | Registration Number, if PAC | |
| Street Address 121 Grandon Road | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 200.00 |
| City Dayton | State O H | Zip Code 45419 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor William McCormick | | | Registration Number, if PAC | |
| Street Address 4469 Southern Blvd. | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 100.00 |
| City Kettering | State O H | Zip Code 45429 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor Daniel Duval | | | Registration Number, if PAC | |
| Street Address 829 Timberlake Court | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 100.00 |
| City Dayton | State O H | Zip Code 45429 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor Thomas Holton | | | Registration Number, if PAC | |
| Street Address 96 W. Forrer Road | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 100.00 |
| City Dayton | State O H | Zip Code 45419 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor Steven Cobb | | | Registration Number, if PAC | |
| Street Address 2475 Deep Hollow Road | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 100.00 |
| City Dayton | State O H | Zip Code 45419 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor James Gottman | | | Registration Number, if PAC | |
| Street Address 24 Grandon Road | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 50.00 |
| City Dayton | State O H | Zip Code 45419 | Form (Cash, Check, etc) Check | |

* 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**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | |
|--|---|--------------------------|---|-------------------------|
| Name of Committee in Full Joey D. Williams for City Commission Committee | | | | |
| Full Name of Contributor George Homan | | | Registration Number, if PAC | |
| Street Address 3400 Encrete Lane | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 500.00 |
| City Dayton | State O H | Zip Code 45439 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor M.W. Craig | | | Registration Number, if PAC | |
| Street Address 4482 Blairgowrie Circle | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 100.00 |
| City Dayton | State O H | Zip Code 45429 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Richard Pohl | | | Registration Number, if PAC | |
| Street Address 320 Fairforest Circle | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 100.00 |
| City Dayton | State O H | Zip Code 45419 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Thomas Kemp | | | Registration Number, if PAC | |
| Street Address 816 Timberlake Court | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 100.00 |
| City Kettering | State O H | Zip Code 45429 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor John Giering | | | Registration Number, if PAC | |
| Street Address 501 Stonehaven Road | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 100.00 |
| City Kettering | State O H | Zip Code 45429 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Robert Nevin | | | Registration Number, if PAC | |
| Street Address 1100 Pawley's Plantation Court | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 100.00 |
| City Xenia | State O H | Zip Code 45385 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Gary Hunt | | | Registration Number, if PAC | |
| Street Address 4015 Conference Road | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 1 0 9 | Amount 100.00 |
| City Bellbrook | State O H | Zip Code 45305 | Form(Cash,Check,etc) Check | |

* 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 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 0 6 1 1 0 9 | Amount 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 0 6 1 1 0 9 | Amount 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 0 6 1 1 0 9 | Amount 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 0 6 1 1 0 9 | Amount 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 0 6 1 1 0 9 | Amount 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 0 6 1 1 0 9 | Amount 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 0 6 1 1 0 9 | Amount 200.00 |
| City Kettering | State O H | Zip Code 45419 | Form (Cash, Check, etc) Check | |

* 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 \$ 1,200.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

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

* 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 \$ **1,150.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

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

Event Date 06/30/09

Page 1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

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

* 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

Event Date 6/30/2009

Page 1

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

Page Total \$ 983.55

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | | |
|--|---|----------------------------|------------------------|-----------------------------|--------|
| Name of Committee in Full Joey D. Williams for City Commission Committee | | | | | |
| Full Name of Contributor Contributions/Various Individuals | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| | | | 0 | 6 | 3 |
| City | State | Zip Code | 0 | 9 | Amount |
| | | | 0 | 6 | 575.00 |
| Form(Cash, Check, etc) Cash/Checks | | | | | |
| Full Name of Contributor Douglas Dempsey | | | | | |
| Street Address 24 N. Westview Ave. | | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | 0 | 7 | 1 | 50.00 |
| City Dayton | State O | Zip Code H 45403 | 2 | 0 | |
| Form(Cash, Check, etc) Check | | | | | |
| Full Name of Contributor | | | | | |
| Street Address | | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | |
| City | State | Zip Code | Form(Cash, Check, etc) | | |
| | | | | | |
| Full Name of Contributor | | | | | |
| Street Address | | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | |
| City | State | Zip Code | Form(Cash, Check, etc) | | |
| | | | | | |
| Full Name of Contributor | | | | | |
| Street Address | | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | |
| City | State | Zip Code | Form(Cash, Check, etc) | | |
| | | | | | |
| Full Name of Contributor | | | | | |
| Street Address | | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | |
| City | State | Zip Code | Form(Cash, Check, etc) | | |
| | | | | | |
| Full Name of Contributor | | | | | |
| Street Address | | | | Registration Number, if PAC | |
| 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 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 \$ 625.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | | |
|--|-----------------------|---|--|---|-------------------------|
| Name of Committee in Full Joey D. Williams for City Commission Committee | | | | | |
| Full Name of Contributor C.J. Hinton | | | | Registration Number, if PAC | |
| Street Address 934 Fawn Lea Trail | | Employer/Occupation/Labor Organization* | | M D Y 0 9 1 1 0 9 | Amount 40.00 |
| City Dayton | State O H | Zip Code 45459 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Fawn Williams | | | | Registration Number, if PAC | |
| Street Address 4319 Philadelphia Dr. | | Employer/Occupation/Labor Organization* | | M D Y 0 9 3 0 0 9 | Amount 140.00 |
| City Dayton | State O H | Zip Code 45405 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor John Chatman | | | | Registration Number, if PAC | |
| Street Address 1425 Tennyson Ave. | | Employer/Occupation/Labor Organization* | | M D Y 1 0 0 1 0 9 | Amount 40.00 |
| City Dayton | State O H | Zip Code 45406 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Ronald Cothran | | | | Registration Number, if PAC | |
| Street Address 3562 Surry Ridge Way | | Employer/Occupation/Labor Organization* | | M D Y 1 0 0 1 0 9 | Amount 100.00 |
| City Dayton | State O H | Zip Code 45424 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Churchill Hale | | | | Registration Number, if PAC | |
| Street Address 1960 Infirmary Rd. | | Employer/Occupation/Labor Organization* | | M D Y 1 0 0 1 0 9 | Amount 50.00 |
| City Dayton | State O H | Zip Code 45405 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Richard Clay Dixon | | | | Registration Number, if PAC | |
| Street Address 700 Torrington Pl | | Employer/Occupation/Labor Organization* | | M D Y 1 0 0 1 0 9 | Amount 40.00 |
| City Dayton | State O H | Zip Code 45406 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Richard Wright | | | | Registration Number, if PAC | |
| Street Address 821 Accent Park Dr. | | Employer/Occupation/Labor Organization* | | M D Y 1 0 0 1 0 9 | Amount 50.00 |
| City Dayton | State O H | Zip Code 45427 | | Form(Cash,Check,etc) check | |

* 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 Joey D. Williams for City Commission Committee | | | | |
| Full Name of Contributor CR Washington Co LPA | | | Registration Number, if PAC | |
| Street Address 130 W. 2nd St., Suite 1600 | Employer/Occupation/Labor Organization* | | M D Y 0 9 2 8 0 9 | Amount 40.00 |
| City Dayton | State O H | Zip Code 45402 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor Tyria A. Stone | | | Registration Number, if PAC | |
| Street Address 2 Deshler Place | Employer/Occupation/Labor Organization* | | M D Y 1 0 0 1 0 9 | Amount 60.00 |
| City Dayton | State O H | Zip Code 45405 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor Kurt Stanic | | | Registration Number, if PAC | |
| Street Address 330 W. First St., Apt. 901 | Employer/Occupation/Labor Organization* | | M D Y 0 9 3 0 0 9 | Amount 50.00 |
| City Dayton | State O H | Zip Code 45402 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor Michele A. Roberts | | | Registration Number, if PAC | |
| Street Address 1115 Wisconsin Blvd. | Employer/Occupation/Labor Organization* | | M D Y 1 0 0 1 0 9 | Amount 100.00 |
| City Dayton | State O H | Zip Code 45408 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor Swick Enterprises | | | Registration Number, if PAC | |
| Street Address 536 W. Central Ave. | Employer/Occupation/Labor Organization* | | M D Y 1 0 0 1 0 9 | Amount 100.00 |
| City Springboro | State O H | Zip Code 45066 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor Contributions for various individuals | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y 1 0 0 1 0 9 | Amount 925.00 |
| City | State | Zip Code | Form (Cash, Check, etc) | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| 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 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 \$ 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 Bonafide Foods | | | | M 1 | D 0 | Y 0 | Amount 450.00 |
| Address 2180 Sierra Mist Court | | Purpose Food | | | | | |
| City Dayton | | State O | H H | Zip Code 45414 | Check Number 307 | | |
| To Whom Paid Beverly Odoms | | | | M 1 | D 0 | Y 0 | Amount 100.00 |
| Address 132 S. Jefferson St. | | Purpose Fashion Show | | | | | |
| City Dayton | | State O | H H | Zip Code 45402 | Check Number 305 | | |
| To Whom Paid Derron Bell | | | | M 1 | D 0 | Y 0 | Amount 350.00 |
| Address PO Box 5704 | | Purpose Music | | | | | |
| City Dayton | | State O | H H | Zip Code 45405 | Check Number 308 | | |
| To Whom Paid Robert Shroyer | | | | M 1 | D 0 | Y 0 | Amount 125.00 |
| Address 132 S. Jefferson St. | | Purpose Entertainment | | | | | |
| City Dayton | | State O | H H | Zip Code 45402 | Check Number 309 | | |
| To Whom Paid Gary Elliott | | | | M 1 | D 0 | Y 2 | Amount 50.00 |
| Address 132 S. Jefferson St. | | Purpose Photos | | | | | |
| City Dayton | | State O | H H | Zip Code 45402 | Check Number 117 | | |
| To Whom Paid Dayton Printery | | | | M 0 | D 9 | Y 2 | Amount 221.49 |
| Address 6550 Poe Ave. | | Purpose printing fliers and tickets | | | | | |
| City Dayton | | State O | H H | Zip Code 45413 | Check Number 303 | | |
| To Whom Paid | | | | M | D | Y | Amount |
| Address | | Purpose | | | | | |
| City | | State | H | 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 Joey D. Williams for City Commission Committee | | | | |
| Full Name of Contributor Stephen Hightower | | | Registration Number, if PAC | |
| Street Address 1017 Gage Dr. | Employer/Occupation/Labor Organization* | | M D Y 1 0 3 0 9 | Amount 50.00 |
| City Middletown | State O H | Zip Code 45042 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor Eugene Troy Singer | | | Registration Number, if PAC | |
| Street Address 715 Superior Ave. | Employer/Occupation/Labor Organization* | | M D Y 1 0 6 0 9 | Amount 100.00 |
| City Dayton | State O H | Zip Code 45402 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor John Smalley | | | Registration Number, if PAC | |
| Street Address 131 North Ludlow St., Suite 1400 | Employer/Occupation/Labor Organization* | | M D Y 0 9 2 9 0 9 | Amount 100.00 |
| City Dayton | State O H | Zip Code 45402 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor Lee Esprit | | | Registration Number, if PAC | |
| Street Address 1968 El Camino Dr. | Employer/Occupation/Labor Organization* | | M D Y 0 9 3 0 0 9 | Amount 50.00 |
| City Xenia | State O H | Zip Code 45385 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor James R. Payne | | | Registration Number, if PAC | |
| Street Address 5381 Eastport Ave. | Employer/Occupation/Labor Organization* | | M D Y 1 0 0 2 0 9 | Amount 50.00 |
| City Dayton | State O H | Zip Code 45427 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor Committee to Elect Debbie Lieberman | | | Registration Number, if PAC | |
| Street Address 161 Huffman Ave. | Employer/Occupation/Labor Organization* | | M D Y 1 0 0 6 0 9 | Amount 50.00 |
| City Dayton | State O H | Zip Code 45403 | Form (Cash, Check, etc) Check | |
| Full Name of Contributor Mary Sue Kessler | | | Registration Number, if PAC | |
| Street Address 5604 Duck Row | Employer/Occupation/Labor Organization* | | M D Y 1 0 0 3 0 9 | Amount 50.00 |
| City Dayton | State O H | Zip Code 45429 | Form (Cash, Check, etc) Check | |

* 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

1 120.00

Total expenditures this event

0.00

Page Total \$ 450.00

| | |
|------------|---------|
| Event Date | 10/8/09 |
| Page | 2 |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

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

1 120.00

Total expenditures this event

0.00

Page Total \$ 670.00

| | |
|------------|---------|
| Event Date | 10/8/09 |
| Page | 2 |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

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

1,120.00

Total expenditures this event

0.00

Page Total \$ 670.00