

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>FRINEDS OF RHINE McLIN</b>				Registration Number, if PAC
Full Name of Candidate <b>MAYOR RHINE L. McLIN</b>				
Street Address <b>1130 GERMANTOWN ST.</b>		Office Sought		District
City <b>DAYTON</b>		State <b>OH</b>		Zip Code <b>45408</b>
Type of Report (place X to the left of report type)	Pre-Primary <input type="checkbox"/> July Monthly	Post-Primary <input type="checkbox"/> August Monthly	Pre-General <input type="checkbox"/> September Monthly	Post-General <input type="checkbox"/> Termination
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 for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

2009 DEC 11 11:52

1. Amount brought forward from last report	\$ <b>42429.66</b>
2. Total monetary contributions (From Form No. 31-A)	\$ <b>15269.00</b>
3. Total other income (From Form No. 31-A-2)	\$ .
4. Total funds available (sum of lines 1, 2, 3)	\$ <b>57698.66</b>
5. Total monetary expenditures (From Form No. 31-B)	\$ <b>35002.76</b>
6. Balance on hand (line 4 minus line 5)	\$ <b>22695.90</b>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ <b>58888.92</b>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ .
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ .
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ .
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ .
12. Value of independent expenditures made (From Form No. 31-U)	\$ .
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period	\$ <b>542.86</b>

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

JOYCE HARRIS  
Print Name and Title (Treasurer and Deputy Treasurer only)

JOYCE HARRIS  
Signature

12/11/09

Date

Contribution pages \_\_\_\_\_

Expenditure pages \_\_\_\_\_

Other pages \_\_\_\_\_

Total pages 1

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENTS OF RHINE McLIN</b>			
Full Name of Contributor <b>SQUIRE SANDERS &amp; DEMPSEY L.L.P. PAC</b>		Registration Number, If PAC <b>COO444935</b>	
Street Address <b>1201 PENNSYLVANIA AVENUE NW</b>	Employer/Occupation/Labor Organization		
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20004</b>	M D Y Amount <b>1 0 1 9 0 9 250.00</b>
Full Name of Contributor <b>JOAN MANTIL</b>		Registration Number, If PAC	
Street Address <b>6040 MAD RIVER RD.</b>	Employer/Occupation/Labor Organization		
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45459</b>	M D Y Amount <b>1 0 2 0 0 9 561.00</b>
Full Name of Contributor <b>RICHARD A. CARNE</b>		Registration Number, If PAC	
Street Address <b>622 BRIGANTINE WAY</b>	Employer/Occupation/Labor Organization		
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45414-5912</b>	M D Y Amount <b>1 0 2 2 0 9 250.00</b>
Full Name of Contributor <b>STEVEN P. HARSMAN</b>		Registration Number, If PAC	
Street Address <b>1432 SAGRAVES DR.</b>	Employer/Occupation/Labor Organization		
City <b>VANDALIA</b>	State <b>OH</b>	Zip Code <b>45377</b>	M D Y Amount <b>0 9 2 5 0 9 100.00</b>
Full Name of Contributor <b>THOMAS J. BECKER</b>		Registration Number, If PAC	
Street Address <b>648 MURRELL DR.</b>	Employer/Occupation/Labor Organization		
City <b>KETTERING</b>	State <b>OH</b>	Zip Code <b>45429</b>	M D Y Amount <b>1 0 1 9 0 9 125.00</b>
Full Name of Contributor <b>MARK J. MEISTER</b>		Registration Number, If PAC	
Street Address <b>150 E. LIMESTONE ST.</b>	Employer/Occupation/Labor Organization		
City <b>YELLOW SPRINGS</b>	State <b>OH</b>	Zip Code <b>45387</b>	M D Y Amount <b>1 0 1 9 0 9 50.00</b>
Full Name of Contributor <b>ALMA M. LONG</b>		Registration Number, If PAC	
Street Address <b>629 WILLOW SPRINGS DR.</b>	Employer/Occupation/Labor Organization		
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45427</b>	M D Y Amount <b>1 0 1 9 0 9 25.00</b>
Full Name of Contributor <b>NATIONAL CITY CORPORATION PAC</b>		Registration Number, If PAC <b>LOC. #01-2157</b>	
Street Address <b>1900 EAST NINTH ST.</b>	Employer/Occupation/Labor Organization		
City <b>CLEVELAND</b>	State <b>OH</b>	Zip Code <b>44114</b>	M D Y Amount <b>1 0 0 6 0 9 561.00</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 also appear. [R.C. 3517.10(B)(4)]

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRINEDS OF RHINE McLIN</b>					
Full Name of Contributor <b>JOEL M. FRYDMAN</b>			Registration Number, If PAC		
Street Address <b>520 MAYSFIELD RD.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45419</b>	M D Y <b>1 0 1 5 0 9</b>	Amount <b>100.00</b>
Full Name of Contributor <b>SCHENECTADY FIRST FUND(HON.BRIAN STRATTON)</b>					
Street Address <b>729 DECAMP AVE.</b>			Registration Number, If PAC		
City <b>SCHENECTADY</b>		State <b>NY</b>	Zip Code <b>12309</b>	M D Y <b>1 0 1 3 0 9</b>	Amount <b>500.00</b>
Full Name of Contributor <b>LINDA M. FISCHBACH</b>					
Street Address <b>822 BROADMOOR DR.</b>			Registration Number, If PAC		
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45419-2004</b>	M D Y <b>1 0 1 4 0 9</b>	Amount <b>25.00</b>
Full Name of Contributor <b>NANCY E. ANDERSON</b>					
Street Address <b>410 S. PLUM ST.</b>			Registration Number, If PAC		
City <b>TROY</b>		State <b>OH</b>	Zip Code <b>45373</b>	M D Y <b>1 0 1 6 0 9</b>	Amount <b>61.00</b>
Full Name of Contributor <b>FARLEY C. FRDYMAN</b>					
Street Address <b>7130 DOMINICAN DR.</b>			Registration Number, If PAC		
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45415-1205</b>	M D Y <b>1 0 1 7 0 9</b>	Amount <b>100.00</b>
Full Name of Contributor <b>MARVIN DALE</b>					
Street Address <b>7057 PINEVIEW DR.</b>			Registration Number, If PAC		
City <b>HUBER HEIGHTS</b>		State <b>OH</b>	Zip Code <b>45424</b>	M D Y <b>1 0 1 5 0 9</b>	Amount <b>100.00</b>
Full Name of Contributor <b>CNCZ (NAME UNKNOWN) PAC</b>					
Street Address <b>15 W. FOURTH ST. SUITE 100</b>			Registration Number, If PAC		
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45402-1403</b>	M D Y <b>1 0 2 2 0 9</b>	Amount <b>2500.00</b>
Full Name of Contributor <b>TIMOTHY N. O' CONNELL</b>					
Street Address <b>2620 WESTFIELD AVE.</b>			Registration Number, If PAC		
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45420</b>	M D Y <b>1 0 2 1 0 9</b>	Amount <b>100.00</b>

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Page Total 3436.00

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRINEDS OF RHINE McLIN</b>					
Full Name of Contributor <b>J. MICHAEL HERR</b>			Registration Number, if PAC		
Street Address <b>114 RUE MARSEILLE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>KETTERING</b>		State <b>OH</b>	Zip Code <b>45429</b>	M D Y <b>1 0 2 2 0 9</b>	Amount <b>100.00</b>
Full Name of Contributor <b>ALLEN F. PIPPENGER</b>					
Street Address <b>208 WEST WOODBURY</b>			Employer/Occupation/Labor Organization*		
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45415</b>	M D Y <b>1 0 2 5 0 9</b>	Amount <b>100.00</b>
Full Name of Contributor <b>JOSEPH LITVIN</b>					
Street Address <b>6400 NORANDA DR.</b>			Employer/Occupation/Labor Organization*		
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45415-2020</b>	M D Y <b>1 0 2 6 0 9</b>	Amount <b>50.00</b>
Full Name of Contributor <b>RONALD F. BUDZINK</b>					
Street Address <b>7395 CADES COVE</b>			Employer/Occupation/Labor Organization*		
City <b>CENTERVILLE</b>		State <b>OH</b>	Zip Code <b>45459</b>	M D Y <b>1 0 2 7 0 9</b>	Amount <b>250.00</b>
Full Name of Contributor <b>LUCEILLE FLEMING</b>					
Street Address <b>1000 URLIN AVE. UNIT 1522</b>			Employer/Occupation/Labor Organization*		
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43212</b>	M D Y <b>1 0 2 1 0 9</b>	Amount <b>200.00</b>
Full Name of Contributor <b>CARESOURCE MANAGEMENT SERVICES CO.</b>					
Street Address <b>ONE DAYTON CENTER 1 S. MAIN ST.</b>			Employer/Occupation/Labor Organization*		
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45402</b>	M D Y <b>1 0 2 1 0 9</b>	Amount <b>500.00</b>
Full Name of Contributor <b>MARY A. MATHILE</b>					
Street Address <b>6450 SANDLAKE RD. SUITE 200</b>			Employer/Occupation/Labor Organization*		
City <b>45414-2635</b>		State <b>OH</b>	Zip Code <b></b>	M D Y <b>1 0 2 3 0 9</b>	Amount <b>5000.00</b>
Full Name of Contributor <b>THOMAS W. LOVETT</b>					
Street Address <b>555 RUBICON RD.</b>			Employer/Occupation/Labor Organization*		
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45419</b>	M D Y <b>1 0 3 0 0 9</b>	Amount <b>500.00</b>

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Page Total *6700.00*

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS OF RHINE McLIN</b>		Registration Number, if PAC		
Full Name of Contributor <b>ARTHUR G. MEYER A.A.L.</b>				
Street Address <b>550 BRASSFIELD CIR.</b>	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45459</b>	M <b>1</b> D <b>0</b> Y <b>2</b> 9 0 9	Amount <b>500.00</b>
Full Name of Contributor <b>ELEANOR STOCKS</b>		Registration Number, if PAC		
Street Address <b>3115 S. DIXIE DR.</b>	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45439-1984</b>	M <b>1</b> D <b>0</b> Y <b>3</b> 0 0 9	Amount <b>100.00</b>
Full Name of Contributor <b>BOICH LAW OFFICE, LLC</b>		Registration Number, if PAC		
Street Address <b>750 CROSS POINTE RD. SUITES</b>	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b> D <b>1</b> 0 2 0 9	Amount <b>1000.00</b>
Full Name of Contributor <b>KENNETH A. LONG</b>		Registration Number, if PAC		
Street Address <b>11707 GREAT OWL CIR</b>	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>RESTON</b>	State <b>VA</b>	Zip Code <b>20184</b>	M <b>1</b> D <b>0</b> 1 5 0 9	Amount <b>61.00</b>
Full Name of Contributor <b>LAURA M. LANSDOWN</b>		Registration Number, if PAC		
Street Address <b>7375 DAYTON FARMERSVILLE RD.</b>	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45418</b>	M <b>1</b> D <b>0</b> 2 5 0 9	Amount <b>50.00</b>
Full Name of Contributor <b>KURT T. STANIC</b>		Registration Number, if PAC		
Street Address <b>330 W. FIRST ST APT. 901</b>	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45402</b>	M <b>1</b> D <b>0</b> 2 7 0 9	Amount <b>250.00</b>
Full Name of Contributor <b>FOLEY FOR COMMISSION</b>		Registration Number, if PAC		
Street Address <b>5 W. WENGER RD. STE. F</b>	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>ENGLEWOOD</b>	State <b>OH</b>	Zip Code <b>45322-2723</b>	M <b>1</b> D <b>0</b> 2 1 0 9	Amount <b>250.00</b>
Full Name of Contributor <b>WESTREN OHIO ELECTRO PAC</b>		Registration Number, if PAC		
Street Address <b>2210 ARBOR BLVD.</b>	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45439</b>	M <b>1</b> D <b>0</b> 2 7 0 9	Amount <b>100.00</b>

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Page Total 231.00

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRINEDS OF RHINE McLIN</b>					
Full Name of Contributor <b>SYLVIA WINCE</b>			Registration Number, if PAC		
Street Address <b>771 BRITTON AVE.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45429</b>	M <b>1</b> D <b>1</b> Y <b>0</b> 9	Amount <b>25.00</b>
Full Name of Contributor <b>LABORERS LOCAL # 1410 POLITICAL</b>					
Street Address <b>2228 E. THIRD ST.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45403</b>	M <b>1</b> D <b>1</b> Y <b>0</b> 9	Amount <b>250.00</b>
Full Name of Contributor <b>PATRICIA HICKS-SMITH</b>					
Street Address <b>2721 GREENMEER DR.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45403</b>	M <b>1</b> D <b>0</b> 2 Y <b>8</b> 0 9	Amount <b>250.00</b>
Full Name of Contributor <b>JOANN I BLACK</b>					
Street Address <b>16317 SW 14TH AVENUE ROAD</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>OCALA</b>		State <b>FL</b>	Zip Code	M <b>1</b> D <b>0</b> 2 Y <b>5</b> 0 9	Amount <b>25.00</b>
Full Name of Contributor <b>IRONWORKERS LOCAL 290</b>					
Street Address <b>606 HIKKROSE AVE.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45404</b>	M <b>1</b> D <b>0</b> 2 Y <b>2</b> 0 9	Amount <b>250.00</b>
Full Name of Contributor <b>RUBEN PAYNE</b>					
Street Address <b>5943 LYNNAWAY DR.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45415</b>	M <b>1</b> D <b>0</b> 2 Y <b>6</b> 0 9	Amount <b>50.00</b>
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
City		State	Zip Code	M D Y	Amount
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
City		State	Zip Code	M D Y	Amount

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Page Total

850.00

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRINEDS OF RHINE McLIN</b>			
To Whom Paid <b>JAYS SEAFOOD</b>		M D Y	Amount 1 0 0 5 0 9 909.00
Address <b>225 E. SIXTH ST.</b>	Purpose <b>FOOD FOR CAMPAIGN PARTY</b>		
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45402</b>	Check Number <b>2208</b>
To Whom Paid <b>WDAO RADIO 1210AM</b>		M D Y	Amount 1 0 2 0 0 9 1856.40
Address <b>1012 W. THIRD ST.</b>	Purpose <b>RADIO SPEECH</b>		
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45402</b>	Check Number <b>2222</b>
To Whom Paid <b>WROU FM</b>		M D Y	Amount 1 0 2 0 0 9 1525.00
Address <b>717 E. DAVID RD.</b>	Purpose <b>RADIO SPEECH</b>		
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45429</b>	Check Number <b>2223</b>
To Whom Paid <b>OHIO DEMOCRATIC PARTY</b>		M D Y	Amount 1 0 2 4 0 9 14219.30
Address <b>340 E. FULTON ST.</b>	Purpose <b>MAILINGS</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>2224</b>
To Whom Paid <b>OHIO DEMOCRATIC PARTY</b>		M D Y	Amount 1 0 2 6 0 9 6956.61
Address <b>340 E. FULTON ST.</b>	Purpose <b>MAILINGS</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>2225</b>
To Whom Paid <b>CITIZENS FOR GOOD LIBRARIES</b>		M D Y	Amount 1 0 3 0 0 9 150.00
Address <b>184 SALEM AVE.</b>	Purpose <b>DONATION</b>		
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45406</b>	Check Number <b>2226</b>
To Whom Paid <b>FIVE RIVERS LEVY COMMITTEE</b>		M D Y	Amount 1 0 3 0 0 9 50.00
Address <b>3001 CATALPA DR.</b>	Purpose <b>DONATION</b>		
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45406</b>	Check Number <b>2227</b>
To Whom Paid <b>CITY OF DAYTON FINANCE</b>		M D Y	Amount 1 1 1 3 0 9 484.72
Address <b>101 W. THIRD ST.</b>	Purpose <b>TRAVEL EXPENSE</b>		
City <b>DAYTON</b>	State <b>OH</b>	Zip Code <b>45402</b>	Check Number <b>2228</b>

**Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS OF RHINE McLIN</b>								
To Whom Paid <b>VERIZON WIRELESS</b>		M D Y Amount						
Address 700 CRANBERRY WOODS DR.	Purpose CELLPHONE	1 1	1 7	0 9	316.31			
City CRANBERRY TWP.	State PA	Zip Code 16066	Check Number 2229					
To Whom Paid <b>JEWISH FEDERATION OF GREATER DAYTON</b>		M D Y Amount						
Address 33 W. FIRST ST. SUITE 100	Purpose AD	1 1	1 7	0 9	217.00			
City DAYTON	State OH	Zip Code 45402	Check Number 2230					
To Whom Paid <b>RHINE McLIN</b>		M D Y Amount						
Address 1130 GERMANTOWN ST.	Purpose CAMPAIGN COMPUTER	1 1	1 9	0 9	831.42			
City DAYTON	State OH	Zip Code 45408	Check Number 2231					
To Whom Paid <b>RHINE McLIN</b>		M D Y Amount						
Address 1130 GERMANTOWN ST.	Purpose POSTAGE	1 1	1 9	0 9	1965.24			
City DAYTON	State OH	Zip Code 45408	Check Number 2232					
To Whom Paid <b>MONTGOMERY CTY. DEMOCRATIC PARTY</b>		M D Y Amount						
Address 131 S. WILKERSON ST.	Purpose MAILINGS	1 1	1 9	0 9	5000.00			
City DAYTON	State OH	Zip Code 45402	Check Number 2233					
To Whom Paid <b>LEAGUE OF WOMEN VOTERS</b>		M D Y Amount						
Address 131 N. LUDLOW ST.	Purpose DONATION	1 1	2 0	0 9	100.00			
City DAYTON	State OH	Zip Code 45402	Check Number 2234					
To Whom Paid <b>WALTER DRAKE</b>		M D Y Amount						
Address DRAKE BLDG. P.O. BOX 3680	Purpose CHRISTMAS CARDS	1 1	2 1	0 9	222.75			
City OSHKOSH	State WI	Zip Code 04903-3680	Check Number 2235					
To Whom Paid		M D Y Amount						
Address	Purpose							
City	State OH	Zip Code	Check Number					

## Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full <b>FRINEDS OF RHINE McLIN</b>							
To Whom Paid <b>KETTERING MEDICAL FOUNDATION</b>				M 1 1	D 3 0	Y 0 9	Amount <b>\$150.00</b>
Address <b>3535 SOUTHERN BLVD.</b>		Purpose <b>DONATION</b>					
City <b>KETTERING</b>		State <b>OH</b>	Zip Code <b>45429</b>	Check Number <b>2236</b>			
To Whom Paid <b>DAYTON JEWISH OBSERVER</b>				M 1 2	D 0 1	Y 0 9	Amount <b>\$49.00</b>
Address <b>33 W. FIRST ST. SUITE 100</b>		Purpose <b>AD</b>					
City <b>DAYTON</b>		State <b>OH</b>	Zip Code <b>45402</b>	Check Number <b>2237</b>			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount

Page Total **\$199.00**

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full		Employer, Occupation, Labor Organization *				Registration Number, if PAC			
Friends of Rhine McLin									
Full Name of Contributor Ohio Democratic Party		Description of Item or Service Postage				M 1	D 0	Y 2	Fair Market Value 2,528.47
Street Address 340 East Fulton Street		State O	Zip Code H	43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
City Columbus									
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *				Registration Number, if PAC			
Street Address 340 East Fulton Street		Description of Item or Service Mail Service				M 1	D 0	Y 2	Fair Market Value 736.76
City Columbus		State O	Zip Code H	43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *				Registration Number, if PAC			
Street Address 340 East Fulton Street		Description of Item or Service Postage				M 1	D 0	Y 2	Fair Market Value 2,528.47
City Columbus		State O	Zip Code H	43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *				Registration Number, if PAC			
Street Address 340 East Fulton Street		Description of Item or Service Postage				M 1	D 0	Y 1	Fair Market Value 4,251.39
City Columbus		State O	Zip Code H	43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *				Registration Number, if PAC			
Street Address 340 East Fulton Street		Description of Item or Service Mail Service				M 1	D 0	Y 1	Fair Market Value 619.27
City Columbus		State O	Zip Code H	43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *				Registration Number, if PAC			
Street Address 340 East Fulton Street		Description of Item or Service Postage				M 1	D 0	Y 2	Fair Market Value 2,522.73
City Columbus		State O	Zip Code H	43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *				Registration Number, if PAC			
Street Address 340 East Fulton Street		Description of Item or Service Postage				M 1	D 0	Y 2	Fair Market Value 942.04
City Columbus		State O	Zip Code H	43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *				Registration Number, if PAC			
Street Address 340 East Fulton Street		Description of Item or Service Mail Service				M 1	D 0	Y 2	Fair Market Value 595.82
City Columbus		State O	Zip Code H	43215		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

\* Required for contributions from individual over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear.  
[R.C. 3517.10(B)(4)]

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Rhine McLin</b>		Employer, Occupation, Labor Organization *				Registration Number, if PAC			
Full Name of Contributor <b>Ohio Democratic Party</b>	Street Address <b>340 East Fulton Street</b>	Description of Item or Service <b>Printing</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	Fair Market Value <b>31,840.12</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Full Name of Contributor <b>Ohio Democratic Party</b>	Street Address <b>340 East Fulton Street</b>	Description of Item or Service <b>Printing</b>		M <b>1</b>	D <b>1</b>	Y <b>0</b>	Fair Market Value <b>1,929.21</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Full Name of Contributor <b>Ohio Democratic Party</b>	Street Address <b>340 East Fulton Street</b>	Description of Item or Service <b>Printing</b>		M <b>1</b>	D <b>1</b>	Y <b>0</b>	Fair Market Value <b>10,394.64</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Full Name of Contributor	Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Full Name of Contributor	Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Full Name of Contributor	Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Full Name of Contributor	Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Full Name of Contributor	Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Full Name of Contributor	Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO						

\* Required for contributions from individual over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear.  
[R.C. 3517.10(B)(4)]