

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee TOM BULLOCK FOR LAKEWOOD							Registration Number, if PAC			
Full Name of Candidate TOM R. BULLOCK, III										
Street Address 1256 COOK AVE					Office Sought COUNCILMAN			District WARD 2		
City LAKEWOOD					State O H		Zip Code 44107			
Type of Report (place X to the left of report type)	Pre-Primary		X	Post-Primary		X	Pre-General		Post-General	Annual Year
	July			August			September		Termination	Semiannual
Monthly			Monthly			Monthly				
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
						1	1	0	6	0 7

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

1. Amount brought forward from last report	\$ 8,246.55	✓
2. Total monetary contributions (From Form No. 31-A)	\$ 4,326.42	✓
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$ 12,572.97	✓
5. Total monetary expenditures (From Form No. 31-B)	\$ 9,973.80	✓
6. Balance on hand (line 4 minus line 5)	\$ 2,599.17	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 1,410.83	✓
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00	
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

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.

JASON STEWART *J. Stewart* 10/24/07
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages <u>5</u>	Expenditure pages <u>2</u>	Other pages <u>8</u>	Total pages <u>15</u>
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full TOM BULLOCK FOR LAKEWOOD							
Full Name of Contributor CHRIS GLASSBURN					Registration Number, if PAC		
Street Address 26580 BUTTERNUT RIDGE RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD	
City NORTH OLMSTED		State O H	Zip Code 44107	M 0 9	D 1 6	Y 0 7	Amount 50.00
Full Name of Contributor BROOKE WILLIS					Registration Number, if PAC		
Street Address 2590 W 15TH ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD	
City CLEVELAND		State O H	Zip Code 44113	M 0 9	D 1 7	Y 0 7	Amount 20.00
Full Name of Contributor JONATHAN BENEDICT					Registration Number, if PAC		
Street Address 1862 WEST 44TH ST			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CLEVELAND		State O H	Zip Code 44113	M 0 9	D 2 5	Y 0 7	Amount 100.00
Full Name of Contributor CATHERINE EVANS					Registration Number, if PAC		
Street Address 4855 PHILLIPSBURG-UNION RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City UNION		State O H	Zip Code 45322	M 0 9	D 2 5	Y 0 7	Amount 75.00
Full Name of Contributor STEVEN SLIVE					Registration Number, if PAC		
Street Address 20625 SHELBURNE RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City SHAKER HEIGHTS		State O H	Zip Code 44122	M 0 9	D 2 5	Y 0 7	Amount 75.00
Full Name of Contributor MICHAEL NILSEN					Registration Number, if PAC		
Street Address 8806 NE 127TH PL			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City KIRKLAND		State W A	Zip Code 98034	M 0 9	D 2 5	Y 0 7	Amount 150.00
Full Name of Contributor MELISSA YEOMAN					Registration Number, if PAC		
Street Address 25706 DANIELLE DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WESTLAKE		State O H	Zip Code 44145	M 0 9	D 2 5	Y 0 7	Amount 100.00
Full Name of Contributor FRANK STAUB					Registration Number, if PAC		
Street Address 15320 EDGEWATER DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City LAKEWOOD		State O H	Zip Code 44107	M 0 9	D 2 5	Y 0 7	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 TOM BULLOCK FOR LAKEWOOD							
Full Name of Contributor SCOTT MUSCHETT					Registration Number, if PAC		
Street Address 153 COLSTON RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CHARLESTOWN		State W V	Zip Code 25414	M 0 9	D 2 5	Y 0 7	Amount 100.00
Full Name of Contributor JONATHAN WHEELER					Registration Number, if PAC		
Street Address 629 PRINCETON PL. NW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WASHINGTON		State D C	Zip Code 20010	M 0 9	D 2 5	Y 0 7	Amount 100.00
Full Name of Contributor MARK STAIB					Registration Number, if PAC		
Street Address 2066 OVERLOOK LANE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CLEVELAND HEIGHTS		State O H	Zip Code 44106	M 0 9	D 2 5	Y 0 7	Amount 100.00
Full Name of Contributor CONTRIBUTIONS FROM FORM NO. 31-E					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
				0 9	2 7	0 7	855.00
Full Name of Contributor ELIS RIBIERO					Registration Number, if PAC		
Street Address 4112 ARJAY CIRCLE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD	
City ELLICOTT CITY		State M D	Zip Code 21042	M 0 9	D 3 0	Y 0 7	Amount 50.00
Full Name of Contributor MARK FASTOSO					Registration Number, if PAC		
Street Address 6529 MEDINAH LANE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD	
City ALEXANDRIA		State V A	Zip Code 22312	M 1 0	D 0 3	Y 0 7	Amount 100.00
Full Name of Contributor MELISSA VETTERKIND					Registration Number, if PAC		
Street Address 1001 LANCASTER ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD	
City DURHAM		State N C	Zip Code 27701	M 1 0	D 0 3	Y 0 7	Amount 50.00
Full Name of Contributor WILLIAM CONTO					Registration Number, if PAC		
Street Address 22240 JUNIPER RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD	
City PERRIS		State C A	Zip Code 92570	M 1 0	D 0 4	Y 0 7	Amount 21.21

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full TOM BULLOCK FOR LAKEWOOD							
Full Name of Contributor ZACHARY HUDGINS					Registration Number, if PAC		
Street Address 4512 S. 136TH ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City TUKWILA		State W A		Zip Code 98168		M D Y 1 0 8 0 7	Amount 100.00
Full Name of Contributor EUGENE CIOBOATA					Registration Number, if PAC		
Street Address 1241 ST. CHARLES AVE.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City LAKEWOOD		State O H		Zip Code 44107		M D Y 1 0 8 0 7	Amount 100.00
Full Name of Contributor EDWARD ECKART					Registration Number, if PAC		
Street Address 10301 BURTON AVE.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City BRATENAHL		State O H		Zip Code 44108		M D Y 1 0 8 0 7	Amount 40.00
Full Name of Contributor JANE SONENHEIN					Registration Number, if PAC		
Street Address 6143 KILRENNY RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City LOVELAND		State O H		Zip Code 45140		M D Y 1 0 8 0 7	Amount 50.00
Full Name of Contributor WILLIAM BURGESS					Registration Number, if PAC		
Street Address 31 LUIKART DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City EUCLID		State O H		Zip Code 44123		M D Y 1 0 8 0 7	Amount 250.00
Full Name of Contributor JANE SHAPIRO					Registration Number, if PAC		
Street Address 3351 INGLESIDE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City SHAKER HEIGHTS		State O H		Zip Code 44122		M D Y 1 0 8 0 7	Amount 100.00
Full Name of Contributor FRANKLIN FINK					Registration Number, if PAC		
Street Address 22475 MCCAULEY RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City SHAKER HEIGHTS		State O H		Zip Code 44122		M D Y 1 0 1 0 7	Amount 50.00
Full Name of Contributor JAY DEMAGALL					Registration Number, if PAC		
Street Address 15626 LAKEWOOD HEIGHTS			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City LAKEWOOD		State O H		Zip Code 44107		M D Y 1 0 1 6 0 7	Amount 25.00

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Name of Committee in Full TOM BULLOCK FOR LAKEWOOD						
Full Name of Contributor MICHAEL COLLESANO				Registration Number, if PAC		
Street Address 155 E. 34TH ST., APT. 11F		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NEW YORK	State N Y	Zip Code 10016	M 1 0	D 1 6	Y 0 7	Amount 50.00
Full Name of Contributor ZACHARY HUDGINS				Registration Number, if PAC		
Street Address 4512 S. 136TH ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City TUKWILA	State W A	Zip Code 98168	M 1 0	D 1 6	Y 0 7	Amount 200.00
Full Name of Contributor LAWRENCE HESS				Registration Number, if PAC		
Street Address 6309 CYPRESS POINT RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City SAN DIEGO	State C A	Zip Code 92120	M 1 0	D 1 6	Y 0 7	Amount 200.21
Full Name of Contributor THOMAS R. BULLOCK, JR.				Registration Number, if PAC		
Street Address 843 FOREST AVE.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City SOUTH BEND	State I N	Zip Code 46618	M 1 0	D 1 6	Y 0 7	Amount 300.00
Full Name of Contributor AGNES DOVER				Registration Number, if PAC		
Street Address 309 RUCKER PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City ALEXANDRIA	State V A	Zip Code 22301	M 1 0	D 1 6	Y 0 7	Amount 250.00
Full Name of Contributor VICKI ENGLUND - GIFTPAK EXPRESS				Registration Number, if PAC		
Street Address 4539 VALMEYER DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City ST. LOUIS	State M O	Zip Code 63128	M 1 0	D 1 6	Y 0 7	Amount 50.00
Full Name of Contributor JANET FINCHER				Registration Number, if PAC		
Street Address 422 CLINTON ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City SANTA CRUZ	State C A	Zip Code 95062	M 1 0	D 1 6	Y 0 7	Amount 150.00
Full Name of Contributor PATRICIA BYER PAUL				Registration Number, if PAC		
Street Address 9 WOODSIDE WAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City ATKINSON	State N H	Zip Code 03811	M 1 0	D 1 6	Y 0 7	Amount 100.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full TOM BULLOCK FOR LAKEWOOD						
Full Name of Contributor RONALD HILST				Registration Number, if PAC		
Street Address 454 LAKE RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WEBSTER	State N Y	Zip Code 14580	M 1 0	D 1 6	Y 0 7	Amount 200.00
Full Name of Contributor GLENN CAMPBELL				Registration Number, if PAC		
Street Address 15305 LANNING AVE.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City LAKWOOD	State O H	Zip Code 44107	M 1 0	D 1 6	Y 0 7	Amount 40.00
Full Name of Contributor JOHN COLM				Registration Number, if PAC		
Street Address 1247 ARLINGTON RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD	
City LAKWOOD	State O H	Zip Code 44107	M 1 0	D 1 6	Y 0 7	Amount 25.00
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

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full TOM BULLOCK FOR LAKEWOOD							
Full Name of Contributor JULIE DEWEY			Registration Number, if PAC				
Street Address 11725 CLIFTON BLVD.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	7
				0	7	0	7
City LAKEWOOD		State O H	Zip Code 44107	Form(Cash,Check,etc) CHECK			
Full Name of Contributor KEITH DEWEY			Registration Number, if PAC				
Street Address 11725 CLIFTON BLVD.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	7
				0	7	0	7
City LAKEWOOD		State O H	Zip Code 44107	Form(Cash,Check,etc) CHECK			
Full Name of Contributor MIKE DEVER			Registration Number, if PAC				
Street Address 14015 LAKE AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	7
				0	7	0	7
City LAKEWOOD		State O H	Zip Code 44107	Form(Cash,Check,etc) CHECK			
Full Name of Contributor BRITTANY O'CONNOR			Registration Number, if PAC				
Street Address 2173 MARS AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	7
				0	7	0	7
City LAKEWOOD		State O H	Zip Code 44107	Form(Cash,Check,etc) CHECK			
Full Name of Contributor ED MONROE			Registration Number, if PAC				
Street Address 1376 GLADYS AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	7
				0	7	0	7
City LAKEWOOD		State O H	Zip Code 44107	Form(Cash,Check,etc) CHECK			
Full Name of Contributor STEWART RYAN			Registration Number, if PAC				
Street Address 1218 GLADYS AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	7
				0	7	0	7
City LAKEWOOD		State O H	Zip Code 44107	Form(Cash,Check,etc) CHECK			
Full Name of Contributor FRIENDS OF KEVIN BUTLER			Registration Number, if PAC				
Street Address 17517 LAKEWOOD HTS. BLVD.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	7
				0	7	0	7
City LAKEWOOD		State O H	Zip Code 44107	Form(Cash,Check,etc) CHECK		150.00	

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

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

Total contributions this event
855.00

Total expenditures this event
0.00

Page Total \$ 370.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
TOM BULLOCK FOR LAKEWOOD							
Full Name of Contributor				Registration Number, if PAC			
PATRICK METZGER							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1059 CLIFFDALE				0	9	27	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
LAKESWOOD	O H	44107	CHECK				
Full Name of Contributor				Registration Number, if PAC			
CAMERON KISSEL							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2294 WESTMINSTER RD.				0	9	27	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
CLEVELAND HTS.	O H	44118	CHECK				
Full Name of Contributor				Registration Number, if PAC			
STANDISH STEWART							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2294 WESTMINSTER RD.				0	9	27	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
CLEVELAND HTS.	O H	44118	CHECK				
Full Name of Contributor				Registration Number, if PAC			
JON ECKERLE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
11850 EDGEWATER #308				0	9	27	30.00
City	State	Zip Code	Form(Cash,Check,etc)				
LAKESWOOD	O H	44107	CASH				
Full Name of Contributor				Registration Number, if PAC			
TROY BRATZ							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5445 HUNTINGTON RSV.				0	9	27	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
PARMA	O H	44134	CASH				
Full Name of Contributor				Registration Number, if PAC			
DOMINIC LIBERATORE							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3620 ROLLISTON RD.				0	9	27	25.00
City	State	Zip Code	Form(Cash,Check,etc)				
SHAKER HEIGHTS	O H	44122	CASH				
Full Name of Contributor				Registration Number, if PAC			
HOPE EVANS							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2148 GLENBURY AVE.				0	9	27	20.00
City	State	Zip Code	Form(Cash,Check,etc)				
LAKESWOOD	O H	44107	CASH				

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Total contributions this event

855.00

Total expenditures this event

0.00

Page Total \$ 275.00 ✓

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full TOM BULLOCK FOR LAKEWOOD							
Full Name of Contributor MIKE DENEEN				Registration Number, if PAC			
Street Address 2225 OLIVE AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
LAKEWOOD		44107		0	9	27	30.00
City		State	Zip Code	Form(Cash,Check,etc)			
LAKEWOOD		O H	44107	CASH			
Full Name of Contributor JAN SOWIK				Registration Number, if PAC			
Street Address 1458 ROSEWOOD AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
LAKEWOOD		44107		0	9	27	30.00
City		State	Zip Code	Form(Cash,Check,etc)			
LAKEWOOD		O H	44107	CHECK			
Full Name of Contributor JIM O'BRYAN				Registration Number, if PAC			
Street Address 1569 RIVERSIDE DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
LAKEWOOD		44107		0	9	27	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
LAKEWOOD		O H	44107	CHECK			
Full Name of Contributor SANDRA ECKART				Registration Number, if PAC			
Street Address 7700 THORNTAIL CT.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CONCORD TOWNSHIP		44077		0	9	27	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
CONCORD TOWNSHIP		O H	44077	CHECK			
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)			

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Total contributions this event
855.00

Total expenditures this event
0.00

Page Total \$ 210.00



Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full TOM BULLOCK FOR LAKEWOOD							
To Whom Paid US POSTMASTER - LAKEWOOD POST OFFICE				M	D	Y	Amount
Address 1475 WARREN RD.				0	9	1	6
City LAKEWOOD				0	7	0	7
Purpose POSTAGE FOR CAMPAIGN MAILING				589.00 ✓			
City LAKEWOOD				State	Zip Code	Check Number	
				O	H	44107	516 ✓
To Whom Paid US POSTMASTER - LAKEWOOD POST OFFICE				M	D	Y	Amount
Address 1475 WARREN RD.				0	9	2	0
City LAKEWOOD				0	7	0	7
Purpose POSTAGE FOR CAMPAIGN MAILING				497.39 ✓			
City LAKEWOOD				State	Zip Code	Check Number	
				O	H	44107	517 ✓
To Whom Paid DANIEL OTT				M	D	Y	Amount
Address 1600 E. HILLSIDE DR. #58				0	9	2	5
City BLOOMINGTON				0	7	0	7
Purpose WEBSITE DEVELOPMENT - PARTIAL				700.00 ✓			
City BLOOMINGTON				State	Zip Code	Check Number	
				I	N	47401	522 ✓
To Whom Paid PS GRAPHICS				M	D	Y	Amount
Address 11820 DETROIT AVE.				0	9	2	5
City LAKEWOOD				0	7	0	7
Purpose PRINTING OF CAMPAIGN LITERATURE				1,161.00 ✓			
City LAKEWOOD				State	Zip Code	Check Number	
				O	H	44107	523 ✓
To Whom Paid MADISON GRAPHICS				M	D	Y	Amount
Address 13130 DETROIT AVE.				0	9	2	5
City LAKEWOOD				0	7	0	7
Purpose YARD SIGNS - PARTIAL				1,200.00 ✓			
City LAKEWOOD				State	Zip Code	Check Number	
				O	H	44107	524 ✓
To Whom Paid PS GRAPHICS				M	D	Y	Amount
Address 11820 DETROIT AVE.				0	9	2	8
City LAKEWOOD				0	7	0	7
Purpose PRINTING OF CAMPAIGN LITERATURE				1,161.00 ✓			
City LAKEWOOD				State	Zip Code	Check Number	
				O	H	44107	518 ✓
To Whom Paid PAYPAL				M	D	Y	Amount
Address 2211 NORTH 1ST ST.				1	0	0	9
City SAN JOSE				1	0	0	7
Purpose CREDIT CARD PROCESSING FEE				7.62 ✓			
City SAN JOSE				State	Zip Code	Check Number	
				C	A	95131	EFT
To Whom Paid PS GRAPHICS				M	D	Y	Amount
Address 11820 DETROIT AVE.				1	0	0	9
City LAKEWOOD				1	0	0	7
Purpose PRINTING OF CAMPAIGN LITERATURE				2,784.25 ✓			
City LAKEWOOD				State	Zip Code	Check Number	
				O	H	44107	525 ✓

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full TOM BULLOCK FOR LAKEWOOD									
To Whom Paid DANIEL OTT						M	D	Y	Amount
						1	0	0	730.00
Address 1600 E. HILLSIDE DR. #58			Purpose WEBSITE DEVELOPMENT						
City BLOOMINGTON		State I N	Zip Code 47401	Check Number 526 ✓					
To Whom Paid PAYPAL						M	D	Y	Amount
						1	0	1	1.75
Address 2211 NORTH 1ST ST.			Purpose CREDIT CARD PROCESSING FEE						
City SAN JOSE		State C A	Zip Code 95131	Check Number EFT					
To Whom Paid MADISON GRAPHICS						M	D	Y	Amount
						1	0	1	1,138.13
Address 13130 DETROIT AVE.			Purpose YARD SIGNS - PARTIAL						
City LAKEWOOD		State O H	Zip Code 44107	Check Number 527 ✓					
To Whom Paid PAYPAL						M	D	Y	Amount
						0	9	2	2.63
Address 2211 NORTH 1ST ST.			Purpose CREDIT CARD PROCESSING FEE						
City SAN JOSE		State C A	Zip Code 95131	Check Number EFT					
To Whom Paid PAYPAL						M	D	Y	Amount
						1	0	1	1,03
Address 2211 NORTH 1ST ST			Purpose CREDIT CARD PROC. FEE						
City SAN JOSE		State C A	Zip Code 95131	Check Number EFT					
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					

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
TOM BULLOCK FOR LAKEWOOD			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
TOM BULLOCK			
Street Address	Description of Item or Service	M D Y	Fair Market Value
1256 COOK AVE.	COPIES	0 7 2 4 0 7	34.40
City	State Zip Code	Received at Fundraising Event?	
LAKEWOOD	O H 44107	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
TOM BULLOCK			
Street Address	Description of Item or Service	M D Y	Fair Market Value
1256 COOK AVE.	COPIES/PENS	0 7 2 4 0 7	52.43
City	State Zip Code	Received at Fundraising Event?	
LAKEWOOD	O H 44107	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
TOM BULLOCK			
Street Address	Description of Item or Service	M D Y	Fair Market Value
1256 COOK AVE.	STAMPS	0 8 0 3 0 7	36.90
City	State Zip Code	Received at Fundraising Event?	
LAKEWOOD	O H 44107	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
TOM BULLOCK			
Street Address	Description of Item or Service	M D Y	Fair Market Value
1256 COOK AVE.	LABELS	0 8 0 7 0 7	60.16
City	State Zip Code	Received at Fundraising Event?	
LAKEWOOD	O H 44107	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
TOM BULLOCK			
Street Address	Description of Item or Service	M D Y	Fair Market Value
1256 COOK AVE.	STAMPS	0 8 1 0 0 7	246.00
City	State Zip Code	Received at Fundraising Event?	
LAKEWOOD	O H 44107	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
TOM BULLOCK			
Street Address	Description of Item or Service	M D Y	Fair Market Value
1256 COOK AVE.	SNACKS -VOLUNTEERS	0 8 1 9 0 7	14.96
City	State Zip Code	Received at Fundraising Event?	
LAKEWOOD	O H 44107	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
TOM BULLOCK			
Street Address	Description of Item or Service	M D Y	Fair Market Value
1256 COOK AVE.	SNACKS -VOLUNTEERS	0 8 2 1 0 7	15.06
City	State Zip Code	Received at Fundraising Event?	
LAKEWOOD	O H 44107	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
TOM BULLOCK			
Street Address	Description of Item or Service	M D Y	Fair Market Value
1256 COOK AVE.	PIZZA - VOLUNTEERS	0 8 2 1 0 7	18.29
City	State Zip Code	Received at Fundraising Event?	
LAKEWOOD	O H 44107	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
TOM BULLOCK FOR LAKEWOOD				
Full Name of Contributor TOM BULLOCK		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1256 COOK AVE.		Description of Item or Service STAMPS		M D Y Fair Market Value 0 8 2 2 0 7 44.28
City LAKEWOOD		State Zip Code O H 44107		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor TOM BULLOCK		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1256 COOK AVE.		Description of Item or Service PIZZA - VOLUNTEERS		M D Y Fair Market Value 0 8 2 2 0 7 14.49
City LAKEWOOD		State Zip Code O H 44107		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor TOM BULLOCK		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1256 COOK AVE.		Description of Item or Service OFFICE SUPPLIES		M D Y Fair Market Value 0 8 2 3 0 7 11.56
City LAKEWOOD		State Zip Code O H 44107		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor TOM BULLOCK		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1256 COOK AVE.		Description of Item or Service PIZZA - VOLUNTEERS		M D Y Fair Market Value 0 8 2 3 0 7 20.49
City LAKEWOOD		State Zip Code O H 44107		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor TOM BULLOCK		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1256 COOK AVE.		Description of Item or Service FOOD - VOLUNTEERS		M D Y Fair Market Value 0 8 2 4 0 7 21.83
City LAKEWOOD		State Zip Code O H 44107		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor TOM BULLOCK		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1256 COOK AVE.		Description of Item or Service PIZZA - VOLUNTEERS		M D Y Fair Market Value 0 9 0 2 0 7 20.49
City LAKEWOOD		State Zip Code O H 44107		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor TOM BULLOCK		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1256 COOK AVE.		Description of Item or Service FAX		M D Y Fair Market Value 0 9 0 8 0 7 4.75
City LAKEWOOD		State Zip Code O H 44107		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor TOM BULLOCK		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1256 COOK AVE.		Description of Item or Service STAMPS		M D Y Fair Market Value 0 9 1 3 0 7 82.00
City LAKEWOOD		State Zip Code O H 44107		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
TOM BULLOCK FOR LAKEWOOD			
Full Name of Contributor TOM BULLOCK	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 1256 COOK AVE.	Description of Item or Service PIZZA - VOLUNTEERS	M D Y 0 9 1 3 0 7	Fair Market Value 20.49
City LAKEWOOD	State Zip Code O H 44107	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor TOM BULLOCK	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 1256 COOK AVE.	Description of Item or Service SHIPPING	M D Y 0 9 1 8 0 7	Fair Market Value 30.00
City LAKEWOOD	State Zip Code O H 44107	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor TOM BULLOCK	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 1256 COOK AVE.	Description of Item or Service FOOD - FUNDRAISER	M D Y 0 9 2 7 0 7	Fair Market Value 113.00
City LAKEWOOD	State Zip Code O H 44107	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor TOM BULLOCK	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 1256 COOK AVE.	Description of Item or Service BEVERAGES-FUNDRAISER	M D Y 0 9 2 7 0 7	Fair Market Value 170.00
City LAKEWOOD	State Zip Code O H 44107	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor TOM BULLOCK	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 1256 COOK AVE.	Description of Item or Service STAMPS & INK	M D Y 0 9 2 8 0 7	Fair Market Value 58.60
City LAKEWOOD	State Zip Code O H 44107	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor TOM BULLOCK	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 1256 COOK AVE.	Description of Item or Service STAMPS	M D Y 1 0 0 4 0 7	Fair Market Value 36.90
City LAKEWOOD	State Zip Code O H 44107	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor TOM BULLOCK	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 1256 COOK AVE.	Description of Item or Service OFFICE SUPPLIES	M D Y 1 0 0 8 0 7	Fair Market Value 26.26
City LAKEWOOD	State Zip Code O H 44107	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor TOM BULLOCK	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 1256 COOK AVE.	Description of Item or Service PRINTING - FLYERS	M D Y 1 0 0 9 0 7	Fair Market Value 75.00
City LAKEWOOD	State Zip Code O H 44107	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full TOM BULLOCK FOR LAKEWOOD			
Full Name of Contributor TOM BULLOCK		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 1256 COOK AVE.		Description of Item or Service PIZZA - VOLUNTEERS	M D Y Fair Market Value 1 0 17 0 7 18.49
City LAKEWOOD		State Zip Code OH 44107	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor TOM BULLOCK		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address 1256 COOK AVE.		Description of Item or Service STAMPS	M D Y Fair Market Value 1 0 17 0 7 164.00
City LAKEWOOD		State Zip Code OH 44107	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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