

Election Period Communication Report

Form CCF-02

City of Columbus Code Section 107.03(B)

Issuer of Election Period Communication				
Legal Name of Issuer	Telephone	Email		
Street Address	City	State	Zip	
Agent of Issuer (If Issuer is Not an Individual)	Telephone	Email		
Street Address	City	State	Zip	
Issuer a 501(c)(4) Tax Exempt Organization? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Election Period Communication Information				
Candidate or Ballot Issue that is Subject or Issue of Communication			<input type="checkbox"/> Support	
Person or Entity Paid by the Issuer			<input type="checkbox"/> Oppose	
Street Address	City	State	Zip	
Purpose	Date (MM/DD/YYYY)		Amount	

Election Period Communication Contributors				
Full Name of Contributor				
Street Address			Form (Cash, Check, Credit, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Service Provided or Cost Paid or Credit Extended (As Applicable)				
Full Name of Contributor				
Street Address			Form (Cash, Check, Credit, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Service Provided or Cost Paid or Credit Extended (As Applicable)				

Full Name of Contributor				
Street Address				Form (Cash, Check, Credit, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Service Provided or Cost Paid or Credit Extended (As Applicable)				
Full Name of Contributor				
Street Address				Form (Cash, Check, Credit, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Service Provided or Cost Paid or Credit Extended (As Applicable)				
Full Name of Contributor				
Street Address				Form (Cash, Check, Credit, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Service Provided or Cost Paid or Credit Extended (As Applicable)				

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE.

Signature of Issuer or Issuer's Agent (or Authorized Representative)

Date (MM/DD/YYYY)

Print Name (and Title, if Applicable)