

Supplemental Election Period Communication Report

Form CCF-09

City of Columbus Code Section 107.03(B)

Issuer of Election Period Communication

Legal Name of Issuer	Telephone	Email
Agent of Issuer (If Issuer is Not an Individual)	Telephone	Email

For the purposes of Supplemental filing the following definitions apply:

- Contributor means a person or entity that has provided monetary or in-kind contributions or extended credit directly to the Issuer.
- Donor means a person or entity that has provided monetary or in-kind contributions or extended credit to a Contributor for use by the Issuer.

Election Period Communication Information

Candidate or Ballot Issue that is Subject or Issue of Communication

Contributor Information

Full Name of Contributor

Donor Information

Full Name of Donor

Street Address Form (Cash, Check, Credit, etc.)

City State Zip Code Date (MM/DD/YYYY) Amount

Service Provided/Cost Paid/Credit Extended/Donation Made (As Applicable)

Full Name of Donor

Street Address Form (Cash, Check, Credit, etc.)

City State Zip Code Date (MM/DD/YYYY) Amount

Service Provided/Cost Paid/Credit Extended/Donation Made (As Applicable)

Full Name of Donor

Street Address Form (Cash, Check, Credit, etc.)

City State Zip Code Date (MM/DD/YYYY) Amount

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

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

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

Date (MM/DD/YYYY)

Print Name (and Title, if Applicable)