

# 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

**NOTE: Certain Issuers may be subject to supplemental reporting requirements pursuant to City of Columbus Code Section 107.03(D).**

**For the purposes of supplemental Donor 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	<input type="checkbox"/> Support		
Person or Entity Paid by the Issuer	<input type="checkbox"/> Oppose		
Street Address	City	State	Zip
Date (MM/DD/YYYY) of First Issuance Communication	Date (MM/DD/YYYY) of Expenditure or Debt	Amount	
Purpose / Description of Communication			

## Full Name of Contributor

Street Address	Form (Cash, Check, Credit, etc.)		
City	State	Zip Code	Date (MM/DD/YYYY)
Service Provided/Cost Paid/Credit Extended/Donation Made (As Applicable)			
Any Donor(s) requiring disclosure to this Contributor?		Yes	No

<b>Full Name of Contributor</b>				
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)				
Any Donor(s) requiring disclosure to this Contributor?                      Yes      No				
<b>Full Name of Contributor</b>				
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)				
Any Donor(s) requiring disclosure to this Contributor?                      Yes      No				
<b>Full Name of Contributor</b>				
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)				
Any Donor(s) requiring disclosure to this Contributor?                      Yes      No				

**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)