

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Ok Posted m 6/24/10

Full Name of Committee <i>The Michael Ater for Common Pleas Judge Committee</i>						Registration Number, if PAC					
Full Name of Candidate <i>Michael M. Ater</i>											
Street Address <i>3752 Sulphur Springs Rd.</i>				Office Sought <i>Common Pleas Judge</i>		District					
City <i>Kinsston</i>				State <i>OH</i>		Zip Code <i>45644</i>					
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year	
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual	
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 <i>Primary</i>		<i>0</i>	<i>5</i>	<i>0</i>	<i>4</i>	<i>1</i>	<i>0</i>

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.

1. Amount brought forward from last report	\$	<i>12213.16</i>	✓
2. Total monetary contributions (From Form No. 31-A)	\$	<i>200.00</i>	✓
3. Total other income (From Form No. 31-A-2)	\$	<i>100.00</i>	✓
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>12513.16</i>	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>219.00</i>	✓
6. Balance on hand (line 4 minus line 5)	\$	<i>12294.16</i>	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$		
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<i>3150.00</i>	
10. Outstanding debts owed by committee (From Form No. 31-M)	\$		
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.	\$		

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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.

Charlie Ortman
Print Name and Title (Treasurer and Deputy Treasurer only)

Charlie Ortman
Signature

06/11/10
Date

Contribution pages 1

Expenditure pages 3

Other pages 5

Total pages 9

Statement of Other Income

Prescribed by Secretary of State 2/01

** See Attached Munt. Statement*

Name of Committee in Full			Registration Number, if PAC	
The Michael Ater for Common Pleas Judge Committee				
Full Name The Huntington National Bank			Registration Number, if PAC	
Address P.O. Box 1558	Type*		M D Y	Amount \$100.00
City Columbus, Ohio	State OH	Zip Code 43216	Form (Cash, Check, etc.) IN *	
Full Name			Registration Number, if PAC	
Address			M D Y Amount	
City			Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address			M D Y Amount	
City			Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address			M D Y Amount	
City			Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address			M D Y Amount	
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Full Name			Registration Number, if PAC	
Address			M D Y Amount	
City			Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address			M D Y Amount	
City			Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address			M D Y Amount	
City			Form (Cash, Check, etc.)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>The Michael Ater for Common Pleas Judge Committee</i>							
Full Name of Contributor <i>John Blair</i>						Registration Number, if PAC	
Street Address <i>5015 Yantis Dr.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City <i>New Albany</i>		State <i>OH</i>	Zip Code <i>43054</i>	M <i>04</i>	D <i>17</i>	Y <i>10</i>	Amount <i>\$100.00</i>
Full Name of Contributor <i>Barbara Seigneur</i>						Registration Number, if PAC	
Street Address <i>46 Fruit Hill Dr.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City <i>Chillicothe</i>		State <i>OH</i>	Zip Code <i>45601</i>	M <i>04</i>	D <i>21</i>	Y <i>10</i>	Amount <i>\$100.00</i>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	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 <i>OH</i>	Zip Code	M	D	Y	Amount

* 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)]

\$200.00
Page Total *\$0.00*

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
The Michael Ater for Common Pleas Judge Committee									
To Whom Paid						M	D	Y	Amount
Printex						0	5	1	\$109.00
Address			Purpose						
185 E. Main St.			"Thank You" cards						
City		State	Zip Code		Check Number				
Chillicothe		OH	45601		10645				
To Whom Paid						M	D	Y	Amount
US Postal Service						0	5	2	\$110.00
Address			Purpose						
Walnut St.			Postage Stamps						
City		State	Zip Code		Check Number				
Chillicothe		OH	45601		10655				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
		OH							
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
		OH							
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
		OH							
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
		OH							
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code		Check Number				
		OH							

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <i>The Michael Ater for Common Pleas Judge Committee</i>											
From Whom Received <i>Michael Ater</i>						Prior Amount <i>\$3150.00</i>			Amt. Incurred this Period <i>-0-</i>		
Address <i>33 Timberlane Dr.</i>									Outstanding Balance <i>\$3150.00</i>		
City <i>Chillicothe</i>		State <i>OH</i>		Zip Code <i>45601</i>		Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M		D		Y		\$		-0-	
Registration Number, if PAC		M		D		Y					
Employer/Occupation/Labor Organization*		M		D		Y					

From Whom Received											
Address						Prior Amount			Amt. Incurred this Period		
City									Outstanding Balance		
State <i>OH</i>		Zip Code		Loans Received This Period			Payments This Period				
				Date			Date				
				Amount			Amount				
Date Loan was originally Incurred		M		D		Y		\$			
Registration Number, if PAC		M		D		Y					
Employer/Occupation/Labor Organization*		M		D		Y					

From Whom Received											
Address						Prior Amount			Amt. Incurred this Period		
City									Outstanding Balance		
State <i>OH</i>		Zip Code		Loans Received This Period			Payments This Period				
				Date			Date				
				Amount			Amount				
Date Loan was originally Incurred		M		D		Y		\$			
Registration Number, if PAC		M		D		Y					
Employer/Occupation/Labor Organization*		M		D		Y					

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ 3150.00
- 2 Total received this period \$ -0- (To Form No. 31-A-2)
- 3 Total payments this period \$ -0- (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 3150.00 (To Form No. 30-A)