

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

OK  
Posted 6/30/10

Full Name of Committee <b>Ross County Democratic Party Executive Committee</b>						Registration Number, if PAC			
Full Name of Candidate									
Street Address <b>280 East Main St.</b>					Office Sought		District		
City <b>Chillicothe</b>					State <b>O H</b>		Zip Code <b>45601</b>		
Type of Report (place X to the left of report type)	Pre-Primary		<input checked="" type="checkbox"/> Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		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			M D Y <b>0 5 0 4 1 0</b>

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	\$	4,281.94
2. Total monetary contributions (From Form No. 31-A)	\$	575.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	4,856.94
5. Total monetary expenditures (From Form No. 31-B)	\$	523.00
6. Balance on hand (line 4 minus line 5)	\$	4,333.94
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
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	\$	0.00

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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.

**Cheryl Gallagher** Treasurer

*Cheryl Gallagher*  
Signature

06/09/2010  
Date

Contribution  
pages 1

Expenditure  
pages 1

Other  
pages 2

Total  
pages 4

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ross County Democratic Party Executive							
Full Name of Contributor John Rolfe					Registration Number, if PAC		
Street Address 3021 Rapid Ridge			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bainbridge		State O   H	Zip Code 45612	M 0   5	D 0   7	Y 1   0	Amount 500.00
Full Name of Contributor Ronda Pauley					Registration Number, if PAC		
Street Address 471 Liberty Hill Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O   H	Zip Code 45601	M 0   6	D 0   1	Y 1   0	Amount 10.00
Full Name of Contributor Robert Corcoran					Registration Number, if PAC		
Street Address 271 Granite Cliff			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O   H	Zip Code 45601	M 0   6	D 0   1	Y 1   0	Amount 10.00
Full Name of Contributor Queen Lester					Registration Number, if PAC		
Street Address 193 Gerber Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O   H	Zip Code 45601	M 0   6	D 0   1	Y 1   0	Amount 10.00
Full Name of Contributor Thomas Bunch					Registration Number, if PAC		
Street Address 1651 Cattail Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O   H	Zip Code 45601	M 0   6	D 0   1	Y 1   0	Amount 20.00
Full Name of Contributor Ruth Tootle					Registration Number, if PAC		
Street Address 12071 Egypt Pike			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Clarksburg		State O   H	Zip Code 43115	M 0   6	D 0   1	Y 1   0	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

\* 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Ross County Democratic Party Executive Committee												
To Whom Paid Ross County Agricultural Society						M	D	Y	Amount			
						0	5	1	0	1	0	493.00
Address Fairgrounds Roan				Purpose Fair Booth								
City Chillicothe		State O   H		Zip Code 45601		Check Number 2839						
To Whom Paid USW Local 731						M	D	Y	Amount			
						0	6	0	1	1	0	30.00
Address 196 Burbridge				Purpose Room Rental								
City Chillicothe		State O   H		Zip Code 45601		Check Number 2840						
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						
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						