

June 02 - One

30-A
R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Ross Co Republican Party					Registration Number, if PAC	
Full Name of Candidate						
Street Address P.O. BOX 1803				Office Sought		District
City Chillicothe				State OH	Zip Code 45601	
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 type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Election		06/04/10		

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	\$	2208.78	✓
2. Total monetary contributions (From Form No. 31-A)	\$	720.00	
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	2928.78	
5. Total monetary expenditures (From Form No. 31-B)	\$	4403.97	
6. Balance on hand (line 4 minus line 5)	\$	736.20	
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)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
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.

Susan K. Buchanan **Susan K. Buchanan** **06/11/2010**
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages **1**

Expenditure pages **2**

Other pages _____

Total pages **03**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Ross County Republican Party					
Full Name of Contributor John B. Street				Registration Number, if PAC	
Street Address Leale Seminole Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Chillicothe	State OH	Zip Code 45601	M 05	D 05	Y 10
Amount 50-					
Full Name of Contributor John B. Street				Registration Number, if PAC	
Street Address 626 Seminole Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Chillicothe	State OH	Zip Code 45601	M 05	D 30	Y 10
Amount 50-					
Full Name of Contributor Madghn Wilson				Registration Number, if PAC	
Street Address 127 Woodland Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Chillicothe	State OH	Zip Code 45601	M 04	D 12	Y 10
Amount 25-					
Full Name of Contributor Donald Schofield				Registration Number, if PAC	
Street Address 864 Orange St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Chillicothe	State OH	Zip Code 45601	M 04	D 09	Y 10
Amount 25-					
Full Name of Contributor Anthony Eallonardo				Registration Number, if PAC	
Street Address 137 Church St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Chillicothe	State OH	Zip Code 45601	M 05	D 25	Y 10
Amount 50-					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
ROSS County Republican Party							M	D	Y	Amount	
To Whom Paid ROSS Co. Agri Soc							0	3	19	10	573.-
Address 510 Nough Rd.				Purpose Rent & Ins.							
City Chillicothe		State OH		Zip Code 45601		Check Number 2126					
To Whom Paid Diane Carnes							M	D	Y	Amount	
Address							0	3	30	10	10.28
Address				Purpose Keep							
City Chillicothe		State OH		Zip Code 45601		Check Number 2127					
To Whom Paid Vickers Photo Studio							M	D	Y	Amount	
Address							0	4	15	10	21.40
Address				Purpose							
City Chillicothe		State OH		Zip Code 45601		Check Number 2128					
To Whom Paid Horizon							M	D	Y	Amount	
Address 68 East Main							0	4	15	10	101.71
Address				Purpose Phone							
City Chillicothe		State OH		Zip Code 45601		Check Number 2129					
To Whom Paid Henness for Commissioner							M	D	Y	Amount	
Address											2000.-
Address				Purpose							
City		State OH		Zip Code		Check Number 2130					
To Whom Paid Columbia Gas							M	D	Y	Amount	
Address PO Box 742510							0	5	03	10	240.40
Address				Purpose Gas Bill							
City Cincinnati		State OH		Zip Code 45274		Check Number 2132					
To Whom Paid Horizon							M	D	Y	Amount	
Address 68 E. Main							0	5	03	10	101.71
Address				Purpose Phone							
City Chillicothe		State OH		Zip Code 45601		Check Number 2133					
To Whom Paid Jim McCoskey							M	D	Y	Amount	
Address							0	5	07	10	102.60
Address				Purpose phone, stuff door chime							
City		State OH		Zip Code		Check Number 2134					

3151.10
Page Total \$0.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid							M	D	Y	Amount
Ross County Republican Party							05	13	10	250-
Helen Schumann										
Address				Purpose						
8 Sharon Rd				Rent						
City			State	Zip Code		Check Number				
Chillicothe			OH	45601		2135				
To Whom Paid							M	D	Y	Amount
Chillicothe Postmaster							05	29	10	48.23
Address				Purpose						
				2 rolls stamps & 33 postcards						
City			State	Zip Code		Check Number				
Chillicothe			OH	45601		2136				
To Whom Paid							M	D	Y	Amount
Newspaper Network							06	10	10	389-
Address				Purpose						
PO Box 3007				Fair Ad						
City			State	Zip Code		Check Number				
Newark OH			OH	43058-3007		2137				
To Whom Paid							M	D	Y	Amount
Horizon							06	09	10	85.61
Address				Purpose						
68 East Main				Phon						
City			State	Zip Code		Check Number				
Chillicothe			OH	45601		2138				
To Whom Paid							M	D	Y	Amount
Columbia Gas							06	09	10	200.03
Address				Purpose						
PO Box 742510				Gas Bill # 45274						
City			State	Zip Code		Check Number				
Cincinnati			OH	45274		2139				
To Whom Paid							M	D	Y	Amount
Chillicothe Kiwanis							06	09	10	30-
Address				Purpose						
1200 N. Malone Rd				Flowers Statford Day						
City			State	Zip Code		Check Number				
Chillicothe			OH	45601		2140				
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							

1252.87
Page Total \$0.00

Posted 6/29/10
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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

AMENDED Report

Full Name of Committee Ross Co. Republican Party						Registration Number, if PAC				
Full Name of Candidate										
Street Address P.O. Box 1803				Office Sought		District				
City Chillicothe				State OH		Zip Code 45601				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		05		04		10

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 an election, check 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	\$	2208	78
2. Total monetary contributions (From Form No. 31-A)	\$	200	-
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	2408	78.00
5. Total monetary expenditures (From Form No. 31-B)	\$	1699	58
6. Balance on hand (line 4 minus line 5)	\$	709	20
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)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
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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Susan K. Buchanan
Print Name and Title (Treasurer and Deputy Treasurer only)

Susan K. Buchanan
Signature

06-14-10
00/00/0000
Date

Contribution pages 1

Expenditure pages 2

Other pages _____

Total pages 03

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full					
ROSS Co Republican Party					
To Whom Paid	M	D	Y	Amount	
Columbia Gas	05	03	10	240.40	✓
Address		Purpose			
P.O. Box 742510		Gas Bill			
City	State	Zip Code	Check Number		
Cincinnati	OH	45274	2132		
To Whom Paid	M	D	Y	Amount	
Norizon	05	03	10	101.71	
Address		Purpose			
68 E. main		Phone			
City	State	Zip Code	Check Number		
Chillicothe	OH	45601	2133		
To Whom Paid	M	D	Y	Amount	
Jim McCoskey	05	07	10	102.60	
Address		Purpose			
		Phone, shelf - door chime			
City	State	Zip Code	Check Number		
	OH		2134		
To Whom Paid	M	D	Y	Amount	
Helen Schumaker	05	13	10	450-	✓
Address		Purpose			
8 Sharon Rd		Rent			
City	State	Zip Code	Check Number		
Chillicothe	OH	45601	2135		
To Whom Paid	M	D	Y	Amount	
Chillicothe Postmaster	05	29	10	98.23	✓
Address		Purpose			
		2 rolls stamp 33 postcards			
City	State	Zip Code	Check Number		
Chillicothe	OH	45601	2136		
To Whom Paid	M	D	Y	Amount	
Newspaper Network	06	10	10	389-	✓
Address		Purpose			
P.O. Box 3007		Fair Ad			
City	State	Zip Code	Check Number		
Newark	OH	43058-3007	2137		
To Whom Paid	M	D	Y	Amount	
Norizon	06	09	10	85.61	✓
Address		Purpose			
68 East main		Phone			
City	State	Zip Code	Check Number		
Chillicothe	OH		2138		
To Whom Paid	M	D	Y	Amount	
Columbia Gas	06	09	10	200.03	✓
Address		Purpose			
PO Box 742510		Gas Bill			
City	State	Zip Code	Check Number		
Cincinnati	OH	45274	2139		

Note 7.58
Page Total \$0.00

Statement of Expenditures

Prescribed by Secretary of State 2:01

Name of Committee in Full <u>Ross Co. Republican Party</u>						
To Whom Paid <u>Chillicothe Kiwanis</u>			M <u>06</u>	D <u>09</u>	Y <u>10</u>	Amount <u>30-</u>
Address <u>1200 W. Malone</u>		Purpose <u>Flowers statehood</u>				
City <u>Chillicothe</u>		State <u>OH</u>	Zip Code <u>45601</u>	Check Number <u>2140</u>		
To Whom Paid <u>Citizen Bank</u>			M <u>05</u>	D <u>14</u>	Y <u>10</u>	Amount <u>2-</u>
Address <u>33 W. Main</u>		Purpose <u>Ser Chrg</u>				
City <u>Chillicothe</u>		State <u>OH</u>	Zip Code <u>45601</u>	Check Number		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <u>OH</u>	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <u>OH</u>	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <u>OH</u>	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <u>OH</u>	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <u>OH</u>	Zip Code	Check Number		

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
ROSS County Republican Party									
Full Name of Contributor							Registration Number, if PAC		
John B. Street									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
leale Seminole Rd							Check		
City		State	Zip Code		M	D	Y	Amount	
Chillicothe		OH	45601		05	05	10	50-	
Full Name of Contributor									
John B. Street									
Street Address							Registration Number, if PAC		
626 Seminole Rd									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
Chillicothe							Check		
City		State	Zip Code		M	D	Y	Amount	
Chillicothe		OH	45601		05	30	10	50-	
Full Name of Contributor									
Vaughn Wilson									
Street Address							Registration Number, if PAC		
127 Woodland Way									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
Chillicothe							Check		
City		State	Zip Code		M	D	Y	Amount	
Chillicothe		OH	45601		04	12	10	25-	
Full Name of Contributor									
Donald Schofield									
Street Address							Registration Number, if PAC		
864 Orange St.									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
Chillicothe							Check		
City		State	Zip Code		M	D	Y	Amount	
Chillicothe		OH	45601		04	09	10	25-	
Full Name of Contributor									
Anthony Eallonardo									
Street Address							Registration Number, if PAC		
137 Church St									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
Chillicothe							Check		
City		State	Zip Code		M	D	Y	Amount	
Chillicothe		OH	45601		05	25	10	50-	
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							
Full Name of Contributor									
Street Address							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
		OH							

* 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)]