

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

OK 7/14/10
as
Posted

Full Name of Committee Sulzer For Common Pleas Judge		Registration Number, if PAC	
Full Name of Candidate Joseph Sulzer			
Street Address Rm 15 Foulke Block, 14 S. Paint St.		Office Sought Common Pleas Judge	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"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
			<input type="checkbox"/> Post-General
			<input type="checkbox"/> Termination
			Annual Year
			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	
		0 ^M 5	0 ^D 4 1 ^Y 0

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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$3,585.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$3,585.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$462.88
6. Balance on hand (line 4 minus line 5)	\$	\$3,122.12
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$499.19
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.	\$	

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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.

David A. Neal, Treasurer

David A. Neal

06/11/2010

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 6

Expenditure pages 2

Other pages 1

Total pages 9

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Sulzer for Common Pleas Judge										
Full Name of Contributor Contributions from Form 31-E							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount \$3,585.00	
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	
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	
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 Sulzer For Common Pleas Judge						
To Whom Paid Expenditures from Form 31-f			M	D	Y	Amount
			0	4	3	0 1 0 \$462.88
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					
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 Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Sulzer For Common Pleas Judge							
Full Name of Contributor Jerry Byers			Registration Number, if PAC				
Street Address 7221 Marietta Rd.		Employer/Occupation/Labor Organization* Treasurer, Ross County OH		M	D	Y	Amount
				0	4	17	\$200.00
City Chillicothe		State OH	Zip Code 45601	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael Neal				Registration Number, if PAC			
Street Address 162 Plyleys Ln.		Employer/Occupation/Labor Organization* Dep. Auditor, Ross County OH		M	D	Y	Amount
				0	4	20	\$50.00
City Chillicothe		State OH	Zip Code 45601	Form (Cash, Check, etc.) Check			
Full Name of Contributor Colleen Sulzer				Registration Number, if PAC			
Street Address 525 Seminole Rd.		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
				0	4	23	\$100.00
City Chillicothe		State OH	Zip Code 45601	Form (Cash, Check, etc.) Check			
Full Name of Contributor Stephen K. Sesser				Registration Number, if PAC			
Street Address 23 Fruit Hill Dr.		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
				0	4	27	\$100.00
City Chillicothe		State OH	Zip Code 45601	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ron Fewster				Registration Number, if PAC			
Street Address P.O. Box 969-6346 US Rt 50		Employer/Occupation/Labor Organization* Corp. Officer		M	D	Y	Amount
				0	4	30	\$100.00
City Chillicothe Rainbridge		State OH	Zip Code -45601 45612	Form (Cash, Check, etc.) Check			
Full Name of Contributor R. Tracy Hoover				Registration Number, if PAC			
Street Address 621 7th St.		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
				0	4	30	\$100.00
City Portsmouth		State OH	Zip Code 45662	Form (Cash, Check, etc.) Check			
Full Name of Contributor Larry A. Gates				Registration Number, if PAC			
Street Address 98 Applewood Dr.		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
				0	4	30	\$100.00
City Chillicothe		State OH	Zip Code 45601	Form (Cash, Check, etc.) Check			

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ **\$750.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Sulzer For Common Pleas Judge					
Full Name of Contributor Delbert Bochard				Registration Number, if PAC	
Street Address 1 Ridge Dr.		Employer/Occupation/Labor Organization* Retired		M 0	D 4
City Chillicothe		State OH	Zip Code	Y 0	Amount \$200.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Gary Gillum				Registration Number, if PAC	
Street Address 70 Sigler Rd		Employer/Occupation/Labor Organization* Self-Employed		M 0	D 4
City Chillicothe		State OH	Zip Code	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Bill Ogg				Registration Number, if PAC	
Street Address 2900 Dogwood Ridge Rd.		Employer/Occupation/Labor Organization* Attorney		M 0	D 4
City Wheelersburg		State OH	Zip Code 45694	Y 0	Amount \$200.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Mark T. Sharnsky				Registration Number, if PAC	
Street Address 6424 Lake Tail Dr		Employer/Occupation/Labor Organization* Attorney		M 0	D 4
City Westerville		State OH	Zip Code 43082	Y 2	Amount \$525.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Total employee contributions from forms 31-G (2)				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 0	D 4
City		State OH	Zip Code	Y 3	Amount \$180.00
				Form (Cash, Check, etc.) check and cash	
Full Name of Contributor Amounts less than \$25.00 each				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 0	D 4
City		State OH	Zip Code	Y 3	Amount \$1,630.00
				Form (Cash, Check, etc.) check and cash	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.) check & cash	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$3,585.00

Total expenditures this event.

\$462.88

Page Total \$ **\$2,835.00**

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Sulzer for Common Pleas Judge												
To Whom Paid						M	D	Y	Amount			
Printex						0	4	0	2	1	0	\$116.63
Address				Purpose								
185 E. Main St.				Printing								
City		State		Zip Code		Check Number						
Chillicothe		OH		45601		101						
To Whom Paid						M	D	Y	Amount			
T & S Enterprises						0	4	1	0	1	0	\$286.25
Address				Purpose								
44 W. Water St.				Mailing and Postage								
City		State		Zip Code		Check Number						
Chillicothe		OH		45601		102						
To Whom Paid						M	D	Y	Amount			
Scioto Township Hall						0	4	3	0	1	0	\$60.00
Address				Purpose								
164. S. Watt St.				Rent								
City		State		Zip Code		Check Number						
Chillicothe		OH				103						
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										

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$462.88
Page Total \$

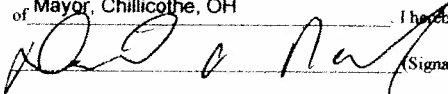
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				M	D	Y	Amount
Sulzer For Common Pleas Judge							
Full Name of Contributor							
R. Michael Scholl							
Street Address							
679 Washington Ave				0	4	3	\$50.00
City							
Chillicothe	State	Zip Code	Form (Cash, Check, etc.)				
	OH	45601	Check				
Full Name of Contributor							
Julie Clifton							
Street Address							
19137 U.S. Rt. 50				0	4	2	\$25.00
City							
Chillicothe	State	Zip Code	Form (Cash, Check, etc.)				
	OH	45601	check				
Full Name of Contributor							
Tammy Bochar							
Street Address							
16 Huron Rd.				0	4	3	\$15.00
City							
Chillicothe	State	Zip Code	Form (Cash, Check, etc.)				
	OH	45601	cash				
Full Name of Contributor							
Matt Allen							
Street Address							
69 Applewood Dr.				0	4	3	\$15.00
City							
Chillicothe	State	Zip Code	Form (Cash, Check, etc.)				
	OH	45601	cash				
Full Name of Contributor							
Carolyn Ault							
Street Address							
12 N. Malone Rd				0	4	3	\$15.00
City							
Chillicothe	State	Zip Code	Form (Cash, Check, etc.)				
	OH	45601	cash				
Full Name of Contributor							
Tom Day							
Street Address							
18 Wodbriar				0	4	3	\$25.00
City							
Chillicothe	State	Zip Code	Form (Cash, Check, etc.)				
	OH	45601	cash				

The above are employees of a unit or department under the direct supervision and control of Joseph Sulzer, who currently holds the public office

of Mayor, Chillicothe, OH. I hereby affirm that each contribution was voluntarily made.


(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

\$145.00
Page Total \$

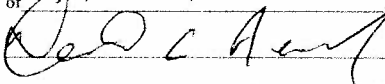
Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				M	D	Y	Amount
Sulzer For Common Pleas Judge							
Full Name of Contributor							
Mike Preifer							
Street Address							
17 Meadow Dr.				0	4	3	\$20.00
City							
Chillicothe							
State		Zip Code					
OH		45601					
Form (Cash, Check, etc.)				cash			
Full Name of Contributor							
Richard Johnson							
Street Address							
250 E. Main St.				0	4	3	\$15.00
City							
Chillicothe							
State		Zip Code					
OH		45601					
Form (Cash, Check, etc.)				cash			
Full Name of Contributor							
Street Address							
City							
State		Zip Code					
OH							
Form (Cash, Check, etc.)							
Full Name of Contributor							
Street Address							
City							
State		Zip Code					
OH							
Form (Cash, Check, etc.)							
Full Name of Contributor							
Street Address							
City							
State		Zip Code					
OH							
Form (Cash, Check, etc.)							
Full Name of Contributor							
Street Address							
City							
State		Zip Code					
OH							
Form (Cash, Check, etc.)							

The above are employees of a unit or department under the direct supervision and control of Joseph Sulzer, who currently holds the public office

of Mayor, Chillicothe, OH hereby affirm that each contribution was voluntarily made.

 (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

\$35.00
Page Total \$

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Sulzer For Common Pleas Judge					
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Tom Straub	Self-Employed				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
154 Vine St.	Food	0	4	3	\$50.00
City	State	Zip Code	Received at Fundraising Event?		
Chillicothe	OH	45601	<input checked="" type="radio"/> YES <input type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Ceila Corcoran	Self-Employed				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
8 Ridge Dr.	Food	0	4	3	\$161.70
City	State	Zip Code	Received at Fundraising Event?		
Chillicothe	OH	45601	<input checked="" type="radio"/> YES <input type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Joseph Sulzer	Attorney/Mayor				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
Rm 15 Foulke Block 14 S. Paint St..	Food Preparation	0	4	3	\$100.00
City	State	Zip Code	Received at Fundraising Event?		
Chillicothe	OH	45601	<input checked="" type="radio"/> YES <input type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Joseph Sulzer	Attorney/Mayor				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
Rm 15 Foulke Block 14 S. Paint St.	Food	0	4	2	\$100.71
City	State	Zip Code	Received at Fundraising Event?		
Chillicothe	OH	45601	<input checked="" type="radio"/> YES <input type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Joseph Sulzer	Attorney/Mayor				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
Rm 15 Foulke Block 14 S. Paint St.	Food	0	4	2	\$33.98
City	State	Zip Code	Received at Fundraising Event?		
Chillicothe	OH	45601	<input checked="" type="radio"/> YES <input type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Joseph Sulzer	Attorney/Mayor				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
Rm 15 Foulke Block 14 S. Paint St.	Decorations and Table Service	0	4	2	\$52.80
City	State	Zip Code	Received at Fundraising Event?		
Chillicothe	OH	45601	<input checked="" type="radio"/> YES <input type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?		
	OH		<input type="radio"/> YES <input type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?		
	OH		<input type="radio"/> YES <input type="radio"/> NO		

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