

Ohio Campaign Finance Report

OK *Posted*

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to elect George Lavender for Sheriff						Registration Number, if PAC	
Full Name of Candidate George W. Lavender, Jr.							
Street Address 178 Meadowlark Drive				Office Sought Sheriff		District	
City Chillicothe				State OH		Zip Code 45601	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input 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		0 ^M 3	0 ^D 6 1 ^Y 2

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	\$	\$3,200.39	✓
2. Total monetary contributions (From Form No. 31-A)	\$	\$60.00	
3. Total other income (From Form No. 31-A-2)	\$	\$0.00	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$3,260.39	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	\$290.00	
6. Balance on hand (line 4 minus line 5)	\$	\$2,970.39	✓
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.	\$		

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.

Betty Chapman, Treasurer

02/17/2012

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages 0

Total pages 2

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to elect George Lavender for Sheriff						
To Whom Paid Zane Trace Athletic Department % Jana Detty			M	D	Y	Amount
			0	1	16	\$30.00 ✓
Address 2933 Marietta Road		Purpose Zane Trace program ad				
City Chillicothe	State OH	Zip Code 45601	Check Number 331			
To Whom Paid Scioto Valley Habitat for Humanity			M	D	Y	Amount
			0	1	22	\$10.00 ✓
Address 165 West Fourth Street		Purpose Donation				
City Chillicothe	State OH	Zip Code 45601	Check Number 332			
To Whom Paid Zane Trace Boosters % Jana Detty			M	D	Y	Amount
			0	1	24	\$50.00 ✓
Address 2933 Marietta Road		Purpose Name on boosters T-Shirt				
City Chillicothe	State OH	Zip Code 45601	Check Number 333			
To Whom Paid Chillicothe Parks and Recreation Department, City of Chillicothe			M	D	Y	Amount
			0	2	06	\$200.00 ✓
Address 35 South Paint Street		Purpose Reserve park for fund raisers				
City Chillicothe	State OH	Zip Code 45601	Check Number 334			
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address			Purpose			
City	State OH	Zip Code	Check Number			

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to elect George Lavender for Sheriff							
Full Name of Contributor Joy Cox					Registration Number, if PAC		
Street Address 175 Church Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Chillicothe		State OH	Zip Code 45601	M 0	D 2	Y 0312	Amount \$60.00
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
		OH					
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
		OH					
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
		OH					
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
		OH					
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
		OH					
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
		OH					
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
		OH					
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
		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)]