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H
Barlow

FEB 23 2012 14:12:11

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Elect Bob Barlow Clerk of Courts							Registration Number, if PAC		
Full Name of Candidate Bob Barlow									
Street Address 316 Constitution Dr.						Office Sought Clerk of Courts		District Ross Co.	
City Chillicothe						State O H	Zip Code 45601		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		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	
						0	3	0	6
								1	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 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	\$	0.00	✓
2. Total monetary contributions (From Form No. 31-A)	\$	3,265.00	✓
3. Total other income (From Form No. 31-A-2)	\$	0.00	
4. Total funds available (sum of lines 1, 2, 3)	\$	3,265.00	
5. Total monetary expenditures (From Form No. 31-B)	\$	775.75	✓
6. Balance on hand (line 4 minus line 5)	\$	2,489.25	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	281.73	✓
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	\$		

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 Eddy

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

David Eddy TREASURER

2/23/12
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages 0

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Bob Barlow Clerk of Courts							
Full Name of Contributor Patricia Barlow					Registration Number, if PAC		
Street Address 989 Western Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 0 4	Y 1 2	Amount 150.00	
Full Name of Contributor Mary Jane Hatmaker					Registration Number, if PAC		
Street Address 831 Buckeye St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 0 4	Y 1 2	Amount 500.00	
Full Name of Contributor Norma Siddons					Registration Number, if PAC		
Street Address 526 Linn St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 1 9	Y 1 2	Amount 100.00	
Full Name of Contributor Gene Oliver					Registration Number, if PAC		
Street Address 1166 Plyleys Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 1	Y 1 2	Amount 10.00	
Full Name of Contributor Joshua Bell					Registration Number, if PAC		
Street Address 4612 SR 220		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Waverly	State O H	Zip Code 45690	M 0 1	D 2 1	Y 1 2	Amount 35.00	
Full Name of Contributor Bob Shoultz					Registration Number, if PAC		
Street Address 833 St. Margarets Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 3	Y 1 2	Amount 50.00	
Full Name of Contributor Jane Rigney					Registration Number, if PAC		
Street Address 20 W. 4th St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 3	Y 1 2	Amount 50.00	
Full Name of Contributor Patricia Coppel					Registration Number, if PAC		
Street Address 2 Ridge Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 4	Y 1 2	Amount 50.00	

* 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 Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Bob Barlow Clerk of Courts						
Full Name of Contributor Don Huddleston				Registration Number, if PAC		
Street Address 471 Summit Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 4	Y 1 2	Amount 50.00
Full Name of Contributor Steven Hunter				Registration Number, if PAC		
Street Address 29 Autumn Woods Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 4	Y 1 2	Amount 50.00
Full Name of Contributor David Polk				Registration Number, if PAC		
Street Address 36 Huron Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 4	Y 1 2	Amount 35.00
Full Name of Contributor Helen McManis				Registration Number, if PAC		
Street Address 633 W. Fifth St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 4	Y 1 2	Amount 20.00
Full Name of Contributor Jeffrey K. Martin				Registration Number, if PAC		
Street Address 2 Timberlane Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 4	Y 1 2	Amount 35.00
Full Name of Contributor Dwight Beery				Registration Number, if PAC		
Street Address 2606 Norman Hill Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Frankfort	State O H	Zip Code 45628	M 0 1	D 2 4	Y 1 2	Amount 25.00
Full Name of Contributor Donna Taylor				Registration Number, if PAC		
Street Address 830 Sherman Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 4	Y 1 2	Amount 25.00
Full Name of Contributor Alan Davis				Registration Number, if PAC		
Street Address 370 Braewood Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 3	Y 1 2	Amount 50.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Bob Barlow Clerk of Courts							
Full Name of Contributor Phyllis Aquino						Registration Number, if PAC	
Street Address 553 Belleview Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 1	D 2 5	Y 1 2	Amount 25.00
Full Name of Contributor Robert Cenci						Registration Number, if PAC	
Street Address 158 Goldenrod Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 1	D 2 5	Y 1 2	Amount 50.00
Full Name of Contributor Richard Perry						Registration Number, if PAC	
Street Address 308 Piatt Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 1	D 2 5	Y 1 2	Amount 100.00
Full Name of Contributor Michael Buchanan						Registration Number, if PAC	
Street Address 351 Mountainview Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 1	D 2 5	Y 1 2	Amount 20.00
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
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

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Statement of Contributions Received

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Name of Committee in Full Elect Bob Barlow Clerk of Courts							
Full Name of Contributor George Boll					Registration Number, if PAC		
Street Address 70 St. Andrews Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 5	Y 1 2	Amount 20.00	
Full Name of Contributor Margaret Seitz					Registration Number, if PAC		
Street Address 61 Fruithill Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 6	Y 1 2	Amount 25.00	
Full Name of Contributor Stephanie Washburn					Registration Number, if PAC		
Street Address 3625 St Rt 327		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Londonderry	State O H	Zip Code 45644	M 0 1	D 2 6	Y 1 2	Amount 50.00	
Full Name of Contributor Diane Price					Registration Number, if PAC		
Street Address 17111 US 50		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 7	Y 1 2	Amount 100.00	
Full Name of Contributor Stephen Butt					Registration Number, if PAC		
Street Address 201 Delano Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 7	Y 1 2	Amount 100.00	
Full Name of Contributor Roger Crago					Registration Number, if PAC		
Street Address 11 Club Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 7	Y 1 2	Amount 25.00	
Full Name of Contributor J. Donald Hiles					Registration Number, if PAC		
Street Address 478 Bourbon Acres		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Paris	State K Y	Zip Code 40361	M 0 1	D 2 7	Y 1 2	Amount 50.00	
Full Name of Contributor Chester Collins					Registration Number, if PAC		
Street Address 482 Laurel St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 7	Y 1 2	Amount 25.00	

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Statement of Contributions Received

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Name of Committee in Full Elect Bob Barlow Clerk of Courts							
Full Name of Contributor Shawn Benson					Registration Number, if PAC		
Street Address 326 Fairway Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 7	Y 1 2	Amount 100.00	
Full Name of Contributor Ronald Gillum					Registration Number, if PAC		
Street Address 386 Riddle Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Londonderry	State O H	Zip Code 45647	M 0 1	D 2 9	Y 1 2	Amount 100.00	
Full Name of Contributor Stan Mitchell					Registration Number, if PAC		
Street Address 323 Plyleys Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 2 9	Y 1 2	Amount 20.00	
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	
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	
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	

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Statement of Contributions Received

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Name of Committee in Full Elect Bob Barlow Clerk of Courts							
Full Name of Contributor Mark Click					Registration Number, if PAC		
Street Address 6663 Egypt Pike		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 3 0	Y 1 2	Amount 35.00	
Full Name of Contributor Leigh Tucker					Registration Number, if PAC		
Street Address 17 Club Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 3 1	Y 1 2	Amount 35.00	
Full Name of Contributor Wilbur Poole					Registration Number, if PAC		
Street Address 6 Huron Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 3 1	Y 1 2	Amount 50.00	
Full Name of Contributor Victory Storts					Registration Number, if PAC		
Street Address 91 Page Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 3 1	Y 1 2	Amount 35.00	
Full Name of Contributor Connie Titler					Registration Number, if PAC		
Street Address 10217 Co Rd 550		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 1	D 3 1	Y 1 2	Amount 50.00	
Full Name of Contributor Thomas Hewitt					Registration Number, if PAC		
Street Address 256 Carmel Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 0 2	Y 1 2	Amount 50.00	
Full Name of Contributor Gary Mohr					Registration Number, if PAC		
Street Address 221 St. Clair Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 0 2	Y 1 2	Amount 25.00	
Full Name of Contributor Kathie Hanners					Registration Number, if PAC		
Street Address 820 Western Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 0 2	Y 1 2	Amount 100.00	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Bob Barlow Clerk of Courts						
Full Name of Contributor Russell Johns				Registration Number, if PAC		
Street Address 379 Meadowlark		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 0 2	Y 1 2	Amount 20.00
Full Name of Contributor Jan Kear				Registration Number, if PAC		
Street Address PO Box 1609		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 0 2	Y 1 2	Amount 20.00
Full Name of Contributor Hobert W. Jenkins				Registration Number, if PAC		
Street Address 1921 Vigo Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 0 4	Y 1 2	Amount 35.00
Full Name of Contributor Sandra Brown				Registration Number, if PAC		
Street Address 149 Grand Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 0 4	Y 1 2	Amount 20.00
Full Name of Contributor Gary Hoffman				Registration Number, if PAC		
Street Address 326 S. McArthur St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 0 4	Y 1 2	Amount 50.00
Full Name of Contributor James Dailey				Registration Number, if PAC		
Street Address 3367 Patton Hill Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 0 4	Y 1 2	Amount 20.00
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

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Bob Barlow Clerk of Courts							
Full Name of Contributor Rolland Eddy					Registration Number, if PAC		
Street Address 118 Oak Creek Pl.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna		State O H	Zip Code 43230	M 0 2	D 0 3	Y 1 2	Amount 50.00
Full Name of Contributor Alice Ware					Registration Number, if PAC		
Street Address 366 Fairway Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 2	D 0 7	Y 1 2	Amount 50.00
Full Name of Contributor Eleanor Probasco					Registration Number, if PAC		
Street Address 4526 E. Harbors Edge Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Port Clinton		State O H	Zip Code 43452	M 0 2	D 0 7	Y 1 2	Amount 20.00
Full Name of Contributor Diane Carnes					Registration Number, if PAC		
Street Address 2 Turnberry Ln.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 2	D 0 7	Y 1 2	Amount 35.00
Full Name of Contributor Christopher Wikle					Registration Number, if PAC		
Street Address 45 Overlook Hts. Ln.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 2	D 0 7	Y 1 2	Amount 50.00
Full Name of Contributor Jacqueline Gardner					Registration Number, if PAC		
Street Address 3070 Stewart Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City South Salem		State O H	Zip Code 45681	M 0 2	D 0 9	Y 1 2	Amount 25.00
Full Name of Contributor Ronald Fewster					Registration Number, if PAC		
Street Address 6346 US 50 West			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bainbridge		State O H	Zip Code 45612	M 0 2	D 0 9	Y 1 2	Amount 100.00
Full Name of Contributor Mary Jane Hatmaker					Registration Number, if PAC		
Street Address 831 Buckeye St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 2	D 0 9	Y 1 2	Amount 200.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Bob Barlow Clerk of Courts							
Full Name of Contributor Mandi Burkitt					Registration Number, if PAC		
Street Address 1512 Graves Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 1 3	Y 1 2	Amount 50.00	
Full Name of Contributor H.E. Fausnaugh Jr.					Registration Number, if PAC		
Street Address 320 Constitution Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 1 3	Y 1 2	Amount 20.00	
Full Name of Contributor James Hatfield					Registration Number, if PAC		
Street Address 3010 W Junction Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 1 4	Y 1 2	Amount 25.00	
Full Name of Contributor Teresa Ritenour					Registration Number, if PAC		
Street Address 17 Carmel Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe	State O H	Zip Code 45601	M 0 2	D 1 4	Y 1 2	Amount 50.00	
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	
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	

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Elect Bob Barlow Clerk of Courts									
To Whom Paid Chillicothe Signs & Screen Printing						M	D	Y	Amount
Address 1690 Western Ave						0	1	1	107.00
City Chillicothe						Check Number			
Purpose Stickers						1001			
State OH						Zip Code 45601			
To Whom Paid Vickers Photography						M	D	Y	Amount
Address 32 E Second St						0	2	0	32.10
City Chillicothe						Check Number			
Purpose Candidate Pictures						1002			
State OH						Zip Code 45601			
To Whom Paid Printex						M	D	Y	Amount
Address 185 East Main Street						0	2	0	636.65
City Chillicothe						Check Number			
Purpose Postcards						1003			
State OH						Zip Code 45601			
To Whom Paid						M	D	Y	Amount
Address									
City						Check Number			
Purpose									
State						Zip Code			
To Whom Paid						M	D	Y	Amount
Address									
City						Check Number			
Purpose									
State						Zip Code			
To Whom Paid						M	D	Y	Amount
Address									
City						Check Number			
Purpose									
State						Zip Code			
To Whom Paid						M	D	Y	Amount
Address									
City						Check Number			
Purpose									
State						Zip Code			
To Whom Paid						M	D	Y	Amount
Address									
City						Check Number			
Purpose									
State						Zip Code			
To Whom Paid						M	D	Y	Amount
Address									
City						Check Number			
Purpose									
State						Zip Code			

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Bob Barlow Clerk of Courts				
Full Name of Contributor Patricia Barlow		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 989 Western Ave		Description of Item or Service Gave stamps		M D Y Fair Market Value 0 1 3 1 1 2 128.00
City Chillicothe		State <input type="radio"/> O <input type="radio"/> H	Zip Code 45601	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Patricia Barlow		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 989 Western Ave		Description of Item or Service Sign supplies		M D Y Fair Market Value 0 2 0 8 1 2 45.94
City Chillicothe		State <input type="radio"/> O <input type="radio"/> H	Zip Code 45601	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Patricia Barlow		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 989 Western Ave		Description of Item or Service Sign supplies		M D Y Fair Market Value 0 2 0 8 1 2 42.84
City Chillicothe		State <input type="radio"/> O <input type="radio"/> H	Zip Code 45601	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Patricia Barlow		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 989 Western Ave		Description of Item or Service Gift for auction		M D Y Fair Market Value 0 1 2 7 1 2 19.68
City Chillicothe		State <input type="radio"/> O <input type="radio"/> H	Zip Code 45601	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Patricia Barlow		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 989 Western Ave		Description of Item or Service Postage to Ethics Comission		M D Y Fair Market Value 0 1 3 1 1 2 6.60
City Chillicothe		State <input type="radio"/> O <input type="radio"/> H	Zip Code 45601	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Patricia Barlow		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 989 Western Ave		Description of Item or Service Labels		M D Y Fair Market Value 0 2 0 8 1 2 18.17
City Chillicothe		State <input type="radio"/> O <input type="radio"/> H	Zip Code 45601	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor David Eddy		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 989 Western Ave		Description of Item or Service Office supplies		M D Y Fair Market Value 0 2 0 8 1 2 20.50
City Chillicothe		State <input type="radio"/> O <input type="radio"/> H	Zip Code 45601	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]