

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3.05

Full Name of Committee <i>Ross County Committee For Elderly Issues</i>		Registration Number, if PAC	
Full Name of Candidate			
Street Address <i>1824 Western Avenue</i>		Office Sought	District
City <i>Chillicothe</i>		State <b>OH</b>	Zip Code <i>45601</i>
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"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Termination	<input type="checkbox"/> Annual Year	<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 <i>0<sup>M</sup> 3 0<sup>D</sup> 6 1<sup>Y</sup> 2</i>	

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	\$	<i>0 00</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>1065 15</i>
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>1065.15 \$0 00</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>707.00</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>358 15</i>
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.

*Adna Miller*  
Print Name and Title (Treasurer and Deputy Treasurer only)

*Adna Miller*  
Signature

*02/21/2012*  
00/00/0000  
Date

Contribution pages 4

Expenditure pages 1

Other pages 2

Total pages 07

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Ross County Committee For Elderly, Inc.</i>							
Full Name of Contributor <i>Mary Ann Ryan</i>					Registration Number, if PAC		
Street Address <i>822 Garden Drive</i>		Employer/Occupation/Labor Organization*			Form (Cash/ Check, etc.) <input checked="" type="radio"/>		
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45647</i>	M <i>12</i>	D <i>7</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup>/<sub>xx</sub></i>	
Full Name of Contributor <i>Alrene Priest</i>							
Full Name of Contributor <i>Ross County Committee For Elderly, Inc.</i>					Registration Number, if PAC		
Street Address <i>6 Second Street</i>		Employer/Occupation/Labor Organization*			Form (Cash/ Check, etc.) <input checked="" type="radio"/>		
City <i>Kingston</i>	State <i>OH</i>	Zip Code <i>45644</i>	M <i>01</i>	D <i>27</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup>/<sub>x</sub></i>	
Full Name of Contributor <i>Harvey Lutz</i>							
Full Name of Contributor <i>Harvey Lutz</i>					Registration Number, if PAC		
Street Address <i>185 E. 4th St.</i>		Employer/Occupation/Labor Organization*			Form (Cash/ Check, etc.) <input checked="" type="radio"/>		
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>01</i>	D <i>27</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup></i>	
Full Name of Contributor <i>Robert Walker</i>							
Full Name of Contributor <i>Robert Walker</i>					Registration Number, if PAC		
Street Address <i>156 Teatsworth Dr</i>		Employer/Occupation/Labor Organization*			Form (Cash/ Check, etc.) <input checked="" type="radio"/>		
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45647</i>	M <i>01</i>	D <i>27</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup></i>	
Full Name of Contributor <i>Robert Vogel</i>							
Full Name of Contributor <i>Robert Vogel</i>					Registration Number, if PAC		
Street Address <i>19 Leeds Road</i>		Employer/Occupation/Labor Organization*			Form (Cash/ Check, etc.) <input checked="" type="radio"/>		
City <i>Chillicothe, Ohio</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>01</i>	D <i>27</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup></i>	
Full Name of Contributor <i>Larry Jones</i>							
Full Name of Contributor <i>Larry Jones</i>					Registration Number, if PAC		
Street Address <i>605 Cedar St.</i>		Employer/Occupation/Labor Organization*			Form (Cash/ Check, etc.) <input checked="" type="radio"/>		
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>01</i>	D <i>27</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup></i>	
Full Name of Contributor <i>Bong Jones</i>							
Full Name of Contributor <i>Bong Jones</i>					Registration Number, if PAC		
Street Address <i>539 Orange St.</i>		Employer/Occupation/Labor Organization*			Form (Cash/ Check, etc.) <input checked="" type="radio"/>		
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>01</i>	D <i>27</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup></i>	
Full Name of Contributor <i>Jeanette Hill</i>							
Full Name of Contributor <i>Jeanette Hill</i>					Registration Number, if PAC		
Street Address <i>3 Anderson Ct.</i>		Employer/Occupation/Labor Organization*			Form (Cash/ Check, etc.) <input checked="" type="radio"/>		
City <i>Chillicothe Oh.</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>01</i>	D <i>27</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup></i>	

\* 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)]

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Ross County Committee For Elders Inc.</i>							
Full Name of Contributor <i>Geraldine Francis</i>						Registration Number, if PAC	
Street Address <i>132 Whaley Plac</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>	
City <i>Chillicothe</i>		State <i>OH</i>	Zip Code <i>45601</i>	M <i>02</i>	D <i>01</i>	Y <i>12</i>	Amount <i>10.<sup>00</sup>/<sub>xx</sub></i>
Full Name of Contributor <i>Irene Happer</i>						Registration Number, if PAC	
Street Address <i>14 Applewood</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>	
City <i>Chillicothe</i>		State <i>OH</i>	Zip Code <i>45601</i>	M <i>02</i>	D <i>01</i>	Y <i>12</i>	Amount <i>15.<sup>00</sup>/<sub>xx</sub></i>
Full Name of Contributor <i>June Roe</i>						Registration Number, if PAC	
Street Address <i>830 Buckeye St.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>	
City <i>Chillicothe</i>		State <i>OH</i>	Zip Code <i>45601</i>	M <i>02</i>	D <i>02</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup>/<sub>xx</sub></i>
Full Name of Contributor <i>Ernie Horsley</i>						Registration Number, if PAC	
Street Address <i>126 Rogers Pkwy</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>	
City <i>Chillicothe</i>		State <i>OH</i>	Zip Code <i>45601</i>	M <i>02</i>	D <i>02</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup>/<sub>xx</sub></i>
Full Name of Contributor <i>Bingo Group</i>						Registration Number, if PAC	
Street Address <i>1824 Western Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>	
City <i>Chillicothe</i>		State <i>OH</i>	Zip Code <i>45601</i>	M <i>01</i>	D <i>31</i>	Y <i>12</i>	Amount <i>26.<sup>00</sup>/<sub>xx</sub></i>
Full Name of Contributor <i>Harold Bennett</i>						Registration Number, if PAC	
Street Address <i>379 Shiloh Road</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>	
City <i>Frankfort</i>		State <i>OH</i>	Zip Code <i>45628</i>	M <i>01</i>	D <i>12</i>	Y <i>12</i>	Amount <i>50.<sup>00</sup>/<sub>xx</sub></i>
Full Name of Contributor <i>Genny Sulzer</i>						Registration Number, if PAC	
Street Address <i>413 Stacy Rd.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>	
City <i>Chillicothe</i>		State <i>OH</i>	Zip Code <i>45601</i>	M <i>02</i>	D <i>03</i>	Y <i>12</i>	Amount <i>10.<sup>00</sup>/<sub>xx</sub></i>
Full Name of Contributor <i>Adna Miller</i>						Registration Number, if PAC	
Street Address <i>22 Maple Rd.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>	
City <i>Londonderry</i>		State <i>OH</i>	Zip Code <i>45601</i>	M <i>01</i>	D <i>27</i>	Y <i>12</i>	Amount <i>50.<sup>00</sup>/<sub>xx</sub></i>

\* 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)]

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Ross County Community For Elderly, Inc</i>							
Full Name of Contributor <i>Carolyn Dixon</i>					Registration Number, if PAC		
Street Address <i>701 Pine St.</i>		Employer/Occupation/Labor Organization*			Form <input checked="" type="radio"/> Cash, <input type="radio"/> Check, etc.)		
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>0</i>	D <i>1</i>	Y <i>12</i>	Amount <i>50.<sup>00</sup>/<sub>xx</sub></i>	
Full Name of Contributor <i>Lesna Dufew</i>					Registration Number, if PAC		
Street Address <i>456 Laurel St.</i>		Employer/Occupation/Labor Organization*			Form <input checked="" type="radio"/> Cash, <input type="radio"/> Check, etc.)		
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>0</i>	D <i>1</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup></i>	
Full Name of Contributor <i>Charlie Nichols</i>					Registration Number, if PAC		
Street Address <i>6262 S.R. 361</i>		Employer/Occupation/Labor Organization*			Form <input checked="" type="radio"/> Cash, <input type="radio"/> Check, etc.)		
City <i>Kingston</i>	State <i>OH</i>	Zip Code <i>45644</i>	M <i>0</i>	D <i>1</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup>/<sub>xx</sub></i>	
Full Name of Contributor <i>Richard Cochenour</i>					Registration Number, if PAC		
Street Address <i>650 Orange St.</i>		Employer/Occupation/Labor Organization*			Form <input checked="" type="radio"/> Cash, <input type="radio"/> Check, etc.)		
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>0</i>	D <i>2</i>	Y <i>12</i>	Amount <i>5.<sup>00</sup>/<sub>xx</sub></i>	
Full Name of Contributor <i>Dorothy Conway</i>					Registration Number, if PAC		
Street Address <i>Hopetown Village</i>		Employer/Occupation/Labor Organization*			Form <input checked="" type="radio"/> Cash, <input type="radio"/> Check, etc.)		
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>0</i>	D <i>2</i>	Y <i>12</i>	Amount <i>10.<sup>00</sup>/<sub>xx</sub></i>	
Full Name of Contributor <i>Stacy Shoemaker</i>					Registration Number, if PAC		
Street Address <i>16157 U.S. Rt. 50</i>		Employer/Occupation/Labor Organization*			Form <input checked="" type="radio"/> Cash, <input type="radio"/> Check, etc.)		
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>0</i>	D <i>2</i>	Y <i>12</i>	Amount <i>20.<sup>00</sup>/<sub>xx</sub></i>	
Full Name of Contributor <i>Janet Elliott</i>					Registration Number, if PAC		
Street Address <i>619 Owl Creek Rd.</i>		Employer/Occupation/Labor Organization*			Form <input checked="" type="radio"/> Cash, <input type="radio"/> Check, etc.)		
City <i>Frankfort</i>	State <i>OH</i>	Zip Code <i>45628</i>	M <i>0</i>	D <i>2</i>	Y <i>12</i>	Amount <i>25.<sup>00</sup></i>	
Full Name of Contributor <i>Ecure Club</i>					Registration Number, if PAC		
Street Address <i>1824 Western Ave</i>		Employer/Occupation/Labor Organization*			Form <input checked="" type="radio"/> Cash, <input type="radio"/> Check, etc.)		
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M	D	Y	Amount <i>67.<sup>15</sup>/<sub>100</sub></i>	

\* 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)]

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Ross County Committee For Elderly Inc.</i>						Registration Number, if PAC	
Full Name of Contributor <i>Henderson Pharmacy Services, Inc.</i>						Form (Cash, <input checked="" type="checkbox"/> Check, etc.)	
Street Address <i>186 W. Main</i>			Employer/Occupation/Labor Organization				
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>02</i>	D <i>03</i>	Y <i>12</i>	Amount <i>100.<sup>00</sup>/<sub>xx</sub></i>	
Full Name of Contributor <i>Dining Room Seniors</i>						Registration Number, if PAC	
Street Address <i>1824 Western Ave.</i>						Form (Cash, <input checked="" type="checkbox"/> Check, etc.)	
Employer/Occupation/Labor Organization							
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>02</i>	D <i>01</i>	Y <i>12</i>	Amount <i>227.<sup>00</sup>/<sub>xx</sub></i>	
Full Name of Contributor <i>Robert Vogel</i>						Registration Number, if PAC	
Street Address <i>19 Leeds Road</i>						Form (Cash, <input checked="" type="checkbox"/> Check, etc.)	
Employer/Occupation/Labor Organization							
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>02</i>	D <i>03</i>	Y <i>12</i>	Amount <i>30.<sup>00</sup>/<sub>xx</sub></i>	
Full Name of Contributor <i>Irene Griffith</i>						Registration Number, if PAC	
Street Address <i>16685 W.S. Rt. 50</i>						Form (Cash, <input checked="" type="checkbox"/> Check, etc.)	
Employer/Occupation/Labor Organization							
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>02</i>	D <i>03</i>	Y <i>12</i>	Amount <i>15.<sup>00</sup>/<sub>xx</sub></i>	
Full Name of Contributor <i>Haller Funeral Home</i>						Registration Number, if PAC	
Street Address <i>1661 Western Ave.</i>						Form (Cash, <input checked="" type="checkbox"/> Check, etc.)	
Employer/Occupation/Labor Organization							
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>02</i>	D <i>08</i>	Y <i>12</i>	Amount <i>100.<sup>00</sup>/<sub>xx</sub></i>	
Full Name of Contributor <i>Ed Smith</i>						Registration Number, if PAC	
Street Address <i>725 Ashley Dr.</i>						Form (Cash, <input checked="" type="checkbox"/> Check, etc.)	
Employer/Occupation/Labor Organization							
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code <i>45601</i>	M <i>02</i>	D <i>09</i>	Y <i>12</i>	Amount <i>15.<sup>00</sup>/<sub>xx</sub></i>	
Full Name of Contributor						Registration Number, if PAC	
Street Address						Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization							
City	State <i>OH</i>	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address						Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization							
City	State <i>OH</i>	Zip Code	M	D	Y	Amount	

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487.00  
Page Total \$0.00

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Ross County Committee For Elderly Inc.</i>						
To Whom Paid <i>Capitol Promotions Inc.</i>			M <i>02</i>	D <i>06</i>	Y <i>12</i>	Amount <i>707.<sup>00</sup><sub>xx</sub></i>
Address <i>249 Keswick Ave / STE 1</i>		Purpose <i>Signs</i>				
City <i>Glenside</i>		State <i>OH Pa.</i>	Zip Code <i>19038</i>		Check Number <i>992</i>	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <i>OH</i>	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <i>OH</i>	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <i>OH</i>	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <i>OH</i>	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <i>OH</i>	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <i>OH</i>	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State <i>OH</i>	Zip Code		Check Number	