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FEB 23 2012 PM 2:50
Posted

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Ross County Democratic Party Executive Committee						Registration Number, if PAC					
Full Name of Candidate											
Street Address 280 East Main St.						Office Sought			District		
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	\$	1,208.48	✓
2. Total monetary contributions (From Form No. 31-A)	\$	350.00	✓
3. Total other income (From Form No. 31-A-2)	\$	0.00	
4. Total funds available (sum of lines 1, 2, 3)	\$	1,558.48	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	54.00	✓
6. Balance on hand (line 4 minus line 5)	\$	1,504.48	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00	
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	\$	0.00	
Sum of lines 2, 7 and amount of any new loans received this period	\$	0.00	

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

Cheryl Gallagher

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

2/23/2012
Date

Contribution
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Expenditure
pages 1

Other
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Total
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ross County Democratic Party Executive Committee									
Full Name of Contributor Democratic Caucus Fund						Registration Number, if PAC			
Street Address 340 Fulton St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 45601		M 0 1	D 0 6	Y 1 2	Amount 100.00
Full Name of Contributor Harold Madru						Registration Number, if PAC			
Street Address 2 Yaples Orchard Drive				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 250.00
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
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

* 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Ross County Democratic Party Executive Committee												
To Whom Paid Ohio Democratic Chairs						M	D	Y	Amount			
Address 225 W. Court St.						0	1	1	3	1	2	50.00
City Cincinnati						State O H		Zip Code 45202		Check Number 2894		
To Whom Paid Citizens Bank						M	D	Y	Amount			
Address 33 W. Main St.						0	1	1	0	1	2	2.00
City Chillicothe						State O H		Zip Code 45601		Check Number N/A		
To Whom Paid Citizens Bank						M	D	Y	Amount			
Address 33 W. Main St.						0	2	1	0	1	2	2.00
City Chillicothe						State O H		Zip Code 45601		Check Number N/A		
To Whom Paid						M	D	Y	Amount			
Address												
City												
To Whom Paid						M	D	Y	Amount			
Address												
City												
To Whom Paid						M	D	Y	Amount			
Address												
City												
To Whom Paid						M	D	Y	Amount			
Address												
City												
To Whom Paid						M	D	Y	Amount			
Address												
City												