

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee ROSS COUNTY REPUBLICAN PARTY		Registration Number, if PAC	
Full Name of Candidate			
Street Address 129 E. MAIN ST.		Office Sought	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 checked="" type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<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 type="checkbox"/> No	Date of Election	03 06 12

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	\$	800	49
2. Total monetary contributions (From Form No. 31-A)	\$	985	00
3. Total other income (From Form No. 31-A-2)	\$	-	
4. Total funds available (sum of lines 1, 2, 3)	\$	1785	49
5. Total monetary expenditures (From Form No. 31-B)	\$	1238	89
6. Balance on hand (line 4 minus line 5)	\$	546	60
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.

DIANE CARNES
Print Name and Title (Treasurer and Deputy Treasurer only)

Diane Carnes
Signature

2-22-12
Date

Contribution pages 1

Expenditure pages 1

Other pages 3

Total pages 5

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
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	
ROSS COUNTY REPUBLICAN PARTY							
DON COPPEL							
2 RIOGE DRIVE					Form (Cash/Check, etc.)		
CHILLICOTHE	OH	45601	0	13	12	100.00	
PETE SHAW							
372 STACEY RO.					Form (Cash/Check, etc.)		
CHILLICOTHE	OH	45601	0	13	12	100.00	
DIANE CARNES							
2 TURNBERRY DR.					Form (Cash/Check, etc.)		
CHILLICOTHE	OH	45601	0	13	12	60.00	
SHERRI RUTHERFORD							
22 LEDGEWOOD					Form (Cash/Check, etc.)		
CHILLICOTHE	OH	45601	0	13	12	24.10	
SHERRI RUTHERFORD							
22 LEDGEWOOD					Form (Cash/Check, etc.)		
CHILLICOTHE	OH	45601	0	13	12	100.00	
JACKSON CROSLY							
2862 POLK HOLLOW RO.					Form (Cash/Check, etc.)		
CHILLICOTHE	OH	45601	0	13	12	65.64	
JACKSON CROSLY							
2862 POLK HOLLOW RO.					Form (Cash/Check, etc.)		
CHILLICOTHE	OH	45601	0	13	12	25.00	
NANCY MEYERS							
39 W. 5th ST.					Form (Cash/Check, etc.)		
CHILLICOTHE	OH	45601	0	13	12	128.6	
NANCY MEYERS							
39 W. 5th ST.					Form (Cash/Check, etc.)		
CHILLICOTHE	OH	45601	0	13	12	500.00	
TIMOTHY SCHEELER							
1237 BETTY LN.					Form (Cash/Check, etc.)		
CHILLICOTHE	OH	45601	0	13	12	100.00	
					Form (Cash, Check, etc.)		
						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 ROSS COUNTY REPUBLICAN PARTY										
To Whom Paid HELEN SCHUMAKER							M	D	Y	Amount
Address 7 SHARON RD.							0	1	6	12
Purpose RENT FR HEAD QUARTERS							Check Number 2244			
City CHILlicoTHE			State OH	Zip Code 45601			Amount 550.00			
To Whom Paid COLUMBIA GAS							M	D	Y	Amount
Address							0	1	6	12
Purpose HEAT							Check Number 2245			
City			State OH	Zip Code			Amount 87.52			
To Whom Paid AEP							M	D	Y	Amount
Address							0	1	25	12
Purpose ELECTRIC							Check Number 2246			
City			State OH	Zip Code			Amount 51.37			
To Whom Paid HELEN SCHUMAKER							M	D	Y	Amount
Address 7 SHARON RD.							0	2	06	12
Purpose							Check Number 2247			
City CHILlicoTHE			State OH	Zip Code 45601			Amount 550.00			
To Whom Paid							M	D	Y	Amount
Address										
Purpose							Check Number			
City			State	Zip Code			Amount			
To Whom Paid							M	D	Y	Amount
Address										
Purpose							Check Number			
City			State	Zip Code			Amount			
To Whom Paid							M	D	Y	Amount
Address										
Purpose							Check Number			
City			State	Zip Code			Amount			
To Whom Paid							M	D	Y	Amount
Address										
Purpose							Check Number			
City			State	Zip Code			Amount			