

OK in Packet

FEB 22 2012 10:19

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Ross County Republican Women						Registration Number, if PAC			
Full Name of Candidate									
Street Address P.O. Box 981				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 0 3	D 0 6	Y 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	\$	1,122.04	✓
2. Total monetary contributions (From Form No. 31-A)	\$	475.00	✓
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	1,597.04	
5. Total monetary expenditures (From Form No. 31-B)	\$	125.83	
6. Balance on hand (line 4 minus line 5)	\$	1,471.21	✓
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

Cheryl Richards

Cheryl Richards

02/21/12

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 3

Expenditure pages 1

Other pages _____

Total pages 4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ross County Republican Women							
Full Name of Contributor Jackie Grubb					Registration Number, if PAC		
Street Address 850 Dunkard Hill Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Chillicothe		State O H	Zip Code 45601	M 0 1	D 0 9	Y 12	Amount 25.00
Full Name of Contributor Christine Everson					Registration Number, if PAC		
Street Address 219 W. Fifth St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Chillicothe		State O H	Zip Code 45601	M 0 1	D 1 2	Y 1 2	Amount 25.00
Full Name of Contributor Connie Meyer					Registration Number, if PAC		
Street Address 153 Caldwell St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 1	D 1 2	Y 1 2	Amount 25.00
Full Name of Contributor Jo Ellen Seitz					Registration Number, if PAC		
Street Address 89 Applewood Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 1	D 1 2	Y 1 2	Amount 25.00
Full Name of Contributor Betty Chapman					Registration Number, if PAC		
Street Address 178 Meadowlark Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 1	D 1 2	Y 1 2	Amount 25.00
Full Name of Contributor Jeannie Lavender					Registration Number, if PAC		
Street Address 358 Meadowlark Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 1	D 1 2	Y 1 2	Amount 25.00
Full Name of Contributor Maralee Scheeler					Registration Number, if PAC		
Street Address 1237 Betty Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 1	D 1 2	Y 1 2	Amount 25.00
Full Name of Contributor Cheryl Richards					Registration Number, if PAC		
Street Address 4971 Mt Tabor Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chillicothe		State O H	Zip Code 45601	M 0 1	D 1 2	Y 1 2	Amount 25.00

* 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 Ross County Republican Women									
Full Name of Contributor Cheryl Looney					Registration Number, if PAC				
Street Address 102 E. Second St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Bainbridge		State O H		Zip Code 45612		M 0 1	D 1 2	Y 1 2	Amount 25.00
Full Name of Contributor Lenora Evelyn Vittoe					Registration Number, if PAC				
Street Address 50 Cameo Lane			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 25.00
Full Name of Contributor Joy Cox					Registration Number, if PAC				
Street Address 175 Church St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Chillicothe		State O H		Zip Code 45601		M 0 2	D 0 9	Y 1 2	Amount 25.00
Full Name of Contributor Diane Carnes					Registration Number, if PAC				
Street Address 2 Turnberry Lane			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 25.00
Full Name of Contributor Kendra Williams					Registration Number, if PAC				
Street Address 36 Fruit Hill Dr			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 25.00
Full Name of Contributor Nell Kinsel					Registration Number, if PAC				
Street Address 1 Shawnee Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Chillicothe		State O H		Zip Code 45601		M 0 2	D 1 5	Y 1 2	Amount 25.00
Full Name of Contributor Pat Patrick					Registration Number, if PAC				
Street Address 728 E. Main St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Chillicothe		State O H		Zip Code 45601		M 0 2	D 1 5	Y 1 2	Amount 25.00
Full Name of Contributor Jackie Grubb					Registration Number, if PAC				
Street Address 350 Dunkard Hill Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Chillicothe		State O H		Zip Code 45601		M 0 2	D 1 5	Y 1 2	Amount 25.00

* 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 Ross County Republican Women									
Full Name of Contributor Phyllis Hess					Registration Number, if PAC				
Street Address 118 Applewood Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Chillicothe		State O H		Zip Code 45601		M 0 2	D 1 5	Y 1 2	Amount 25.00
Full Name of Contributor Madge Street					Registration Number, if PAC				
Street Address 213 Autumn Woods Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Chillicothe		State O H		Zip Code 45601		M 0 2	D 1 5	Y 1 2	Amount 25.00
Full Name of Contributor Joyce Atwood					Registration Number, if PAC				
Street Address 10 Overlook Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Chillicothe		State O H		Zip Code 45601		M 0 2	D 1 5	Y 1 2	Amount 25.00
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

* 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 Republican Women												
To Whom Paid						M	D	Y	Amount			
Cheryl Looney						0	1	0	6	1	2	47.13
Address			Purpose									
102 E. Second St.			Swearing in Ceremony									
City			State		Zip Code		Check Number					
Bainbridge			O H		45612		1016					
To Whom Paid						M	D	Y	Amount			
Cheryl Looney						0	1	1	2	1	2	19.45
Address			Purpose									
102 E. Second St.			Copy Charges for RCRW									
City			State		Zip Code		Check Number					
Bainbridge			O H		45612		1017					
To Whom Paid						M	D	Y	Amount			
Cheryl Looney						0	2	0	9	1	2	12.76
Address			Purpose									
102 E. Second St.			Reminder Cards									
City			State		Zip Code		Check Number					
Bainbridge			O H		45612		1018					
To Whom Paid						M	D	Y	Amount			
Cheryl Looney						0	2	0	9	1	2	8.79
Address			Purpose									
102 E. Second St.			For Re-Cap									
City			State		Zip Code		Check Number					
Bainbridge			O H		45612		1020					
To Whom Paid						M	D	Y	Amount			
Jo Ellen Seitz						0	2	0	9	1	2	37.70
Address			Purpose									
89 Applewood Dr.			Membership Forms, Minutes, Agenda and Postage									
City			State		Zip Code		Check Number					
Chillicothe			O H		45601		1021					
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City			State		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City			State		Zip Code		Check Number					