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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee BETH NEAL COMMITTEE							Registration Number, if PAC				
Full Name of Candidate BETH NEAL											
Street Address 32 SIMON COURT					Office Sought COUNCIL AT LARGE			District			
City CHILLICOTHE							State O	H	Zip Code 45601		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X	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	
						1	1	0	5	1	3

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	\$	2,468.15	✓
2. Total monetary contributions (From Form No. 31-A)	\$	50.00	✓
3. Total other income (From Form No. 31-A-2)	\$	0.00	
4. Total funds available (sum of lines 1, 2, 3)	\$	2,518.15	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	1,065.06	✓
6. Balance on hand (line 4 minus line 5)	\$	1,453.09	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	329.14	✓
8. Value of in-kind contributions made (From Form No. 31-I-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

KATHY DUNN, TREASURER

Kathy Dunn
Signature

10/17/13
Date

Contribution pages 2

Expenditure pages 1

Other pages 5

Total pages 8

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full BETH NEAL COMMITTEE							
Full Name of Contributor DOTTIE FAY					Registration Number, if PAC		
Street Address 414 BUCKEYE TRAIL			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City CHILLICOTHE		State O H		Zip Code 45601		M D Y 0 8 2 2 1 3	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
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)]

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full BETH NEAL COMMITTEE				
Full Name of Contributor BETH NEAL		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 32 SIMON COURT		Description of Item or Service PROMO&OFFICE SUPPLIES		M D Y Fair Market Value 1 0 0 8 1 3 283.14
City CHILLICOTHE		State O H	Zip Code 45601	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor BETH NEAL		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 32 SIMON COURT		Description of Item or Service POSTAGE		M D Y Fair Market Value 1 0 0 9 1 3 46.00
City CHILLICOTHE		State O 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
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
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
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
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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
BETH NEAL COMMITTEE												
To Whom Paid						M	D	Y	Amount			
VINTON COUNTY NAT'L BANK						0	7	2	4	1	3	3.00
Address				Purpose								
775 WESTERN AVE				SERVICE CHARGE								
City		State		Zip Code		Check Number						
CHILLICOTHE		O H		45601		Auto Debit						
To Whom Paid						M	D	Y	Amount			
CAPITOL PROMOTIONS INC						0	7	2	9	1	3	638.57
Address				Purpose								
P O BOX 231				PRINTED MATERIALS								
City		State		Zip Code		Check Number						
GLENSIDE		P A		19038		503						
To Whom Paid						M	D	Y	Amount			
CHILLICOTHE SIGNS & SCREEN PRINTING						0	8	0	2	1	3	199.23
Address				Purpose								
605 CENTRAL CENTER				PRINTED MATERIALS								
City		State		Zip Code		Check Number						
CHILLICOTHE		O H		45601		504						
To Whom Paid						M	D	Y	Amount			
POSTMASTER						1	0	0	3	1	3	92.00
Address				Purpose								
41 S WALNUT ST				POSTAGE								
City		State		Zip Code		Check Number						
CHILLICOTHE		O H		45601		505						
To Whom Paid						M	D	Y	Amount			
PRINTEX						0	8	1	3	1	3	126.26
Address				Purpose								
185 E MAIN ST				PRINTED MATERIALS								
City		State		Zip Code		Check Number						
CHILLICOTHE		O H		45601		506						
To Whom Paid						M	D	Y	Amount			
VINTON COUNTY NAT'L BANK						0	8	2	3	1	3	3.00
Address				Purpose								
775 WESTERN AVE				SERVICE CHARGE								
City		State		Zip Code		Check Number						
CHILLICOTHE		O H		45601		Auto Debit						
To Whom Paid						M	D	Y	Amount			
VINTON COUNTY NAT'L BANK						0	9	2	4	1	3	3.00
Address				Purpose								
775 WESTERN AVE				SERVICE CHARGE								
City		State		Zip Code		Check Number						
CHILLICOTHE		O H		45601		Auto Debit						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						