

OK CD.

30-A
R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 3.05

Full Name of Committee <i>Committee to Re-elect Marcella J Wolfe for Green Township Trustee</i>		Registration Number, if PAC	
Full Name of Candidate <i>Marcella J Wolfe</i>		<i>Marcella Wolfe Treasurer, 156 Clayburne Blvd Chillicothe OH 45601</i>	
Street Address <i>156 Clayburne Blvd</i>		Office Sought <i>Trustee</i>	District <i>Ross</i>
City <i>Chillicothe OH</i>		State <i>OH</i>	Zip Code <i>45601</i>
Type of Report (place X to the left of report type)	<input 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"/> Annual Year	<input type="checkbox"/> Post-General	<input type="checkbox"/> Termination
	<input type="checkbox"/> Semiannual	Date of Election <i>110513</i>	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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.

OCT 24 2013 9:47

1. Amount brought forward from last report	\$	
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	
5. Total monetary expenditures (From Form No. 31-B)	\$	
6. Balance on hand (line 4 minus line 5)	\$	
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)	\$	<i>\$ 2,324.00</i>
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.

Marcella J Wolfe
Print Name and Title (Treasurer and Deputy Treasurer only)

Marcella J Wolfe
Signature

10-24-13
Date

Contribution pages *1*

Expenditure pages

Other pages

Total pages *2*

In-Kind Contributions Received

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Name of Committee in Full <i>Committee to Re-Elect Marcella J Wolfe for Green Top Trustee, Marcella J Wolfe Green</i>			
Full Name of Contributor <i>Marcella J Wolfe</i>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <i>156 Clayburne Blvd</i>	Description of Item or Service <i>signs</i>	M D Y <i>10 24 13</i>	Fair Market Value <i>\$325</i>
City <i>Chillicothe</i>	State Zip Code <i>OH 45601</i>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>\$695</i>	
Full Name of Contributor <i>Marcella J Wolfe</i>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <i>156 Clayburne Blvd</i>	Description of Item or Service <i>mailers</i>	M D Y <i>10 24 13</i>	Fair Market Value <i>\$1,629</i>
City <i>Chillicothe</i>	State Zip Code <i>OH 45601</i>	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)]