

OK CJ

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Malone for City Treasurer					Registration Number, if PAC										
Full Name of Candidate Jean Malone															
Street Address 161 Teatsworth Drive					Office Sought			District							
City Chillicothe					State OH		Zip Code 45601								
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"/>	Post-General	<input type="checkbox"/>	Annual Year					
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	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			1	M	1	0	D	5	1	Y	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 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	\$	\$0.00	
2. Total monetary contributions (From Form No. 31-A)	\$	\$125.00	✓
3. Total other income (From Form No. 31-A-2)	\$	\$1,250.00	✓
4. Total funds available (sum of lines 1, 2, 3)	\$	\$1,375.00	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	\$672.88	✓
6. Balance on hand (line 4 minus line 5)	\$	\$702.12	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$705.00	✓
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)	\$	\$1,250.00	✓
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.	\$	\$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, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Cheryl Gallagher
Signature

10/18/2013

Date

Contribution pages 1

Expenditure pages 1

Other pages 12

Total pages 14

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Malone for City Treasurer									
Full Name of Contributor Joan Dantoni							Registration Number, if PAC		
Street Address 383 Shannon Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe		State OH	Zip Code 45601		M 0	D 9	Y 2	Y 3	Amount \$50.00
Full Name of Contributor David Laning							Registration Number, if PAC		
Street Address 127 Reo Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe		State OH	Zip Code 45601		M 1	D 0	Y 0	Y 5	Amount \$50.00
Full Name of Contributor Ruth Pinnix							Registration Number, if PAC		
Street Address 1 Briarcliff				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe		State OH	Zip Code 45601		M 1	D 0	Y 1	Y 2	Amount \$25.00
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Malone for City Treasurer							
To Whom Paid Miller Vinyl Graphics			M	D	Y	Amount	
			0	8	19	13	\$229.00
Address 24 Williams Drive		Purpose T-Shirts					
City Chillicothe	State OH	Zip Code 45601	Check Number 1001				
To Whom Paid LCNB			M	D	Y	Amount	
			0	8	19	13	\$18.38
Address 33 W. Main St.		Purpose Checks & Service Charge					
City Chillicothe	State OH	Zip Code 45601	Check Number n/a				
To Whom Paid LCNB			M	D	Y	Amount	
			0	9	02	12	\$8.00
Address 33 W. Main St.		Purpose Service Charge					
City Chillicothe	State OH	Zip Code 45601	Check Number n/a				
To Whom Paid LCNB			M	D	Y	Amount	
			0	9	30	13	\$8.00
Address 50 W. Main St.		Purpose Service Charge					
City Chillicothe	State OH	Zip Code 45601	Check Number n/a				
To Whom Paid Chillicothe Gazette			M	D	Y	Amount	
			1	0	08	13	\$409.50
Address 50 W. Main St.		Purpose Advertising					
City Chillicothe	State OH	Zip Code 45601	Check Number 1002				
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							

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Malone for City Treasurer												
From Whom Received Jean Malone								Prior Amount \$0.00		Amt. Incurred this Period \$1,250.00		
Address 161 Teatsworth										Outstanding Balance \$1,250.00		
City Chillicothe		State OH	Zip Code 45601		Loans Received This Period				Payments This Period			
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
		0	7	1	7	1	3	\$1,000.00				
Registration Number, if PAC					M	D	Y	\$	M	D	Y	\$
					0	9	2	3	\$250.00			
Employer/Occupation/Labor Organization*					M	D	Y	\$	M	D	Y	\$
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
		OH			Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y	\$	M	D	Y	\$
Employer/Occupation/Labor Organization*					M	D	Y	\$	M	D	Y	\$
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State	Zip Code		Loans Received This Period				Payments This Period			
		OH			Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y	\$	M	D	Y	\$
Employer/Occupation/Labor Organization*					M	D	Y	\$	M	D	Y	\$

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- ¹ Total prior amount \$ \$0.00
- ² Total received this period \$ \$1,250.00 (To Form No. 31-A-2)
- ³ Total payments this period \$ \$0.00 (To Form No. 31-B)
- ⁴ Total Outstanding Balance \$ \$1,250.00 (To Form No. 30-A)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Malone for City Treasurer							
Full Name Jean Malone				Registration Number, if PAC			
Address 161 Teatsworth	Type* LN		M 0	D 7	Y 1713	Amount \$1,000.00	
City Chillicothe	State OH	Zip Code 45601	Form (Cash, Check, etc.) Check				
Full Name Jean Malone				Registration Number, if PAC			
Address 161 Teatsworth	Type* LN		M 0	D 9	Y 2313	Amount \$250.00	
City Chillicothe	State OH	Zip Code 45601	Form (Cash, Check, etc.) Check				
Full Name				Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)				

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

1,250.00
Page Total \$

In-Kind Contributions Received

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Name of Committee in Full Malone for City Treasurer				
Full Name of Contributor Jean Malone		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 161 Teatsworth Drive		Description of Item or Service Photo shot		M D Y Fair Market Value 0 7 2 5 1 3 \$75.00
City Chillicothe		State OH	Zip Code 45601	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Jean Malone		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 161 Teatsworth Drive		Description of Item or Service Yard Signs		M D Y Fair Market Value 0 7 2 5 1 3 \$388.00
City Chillicothe		State OH	Zip Code 45601	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Steve Madru		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 49 Yaples Orchard Drive		Description of Item or Service Absentee postcards		M D Y Fair Market Value 0 9 2 4 1 3 \$143.00
City Chillicothe		State OH	Zip Code 45601	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Sheila Madru		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 49 Yaples Orchard Drive		Description of Item or Service Stamps		M D Y Fair Market Value 1 0 0 7 1 3 \$99.00
City Chillicothe		State OH	Zip Code 45601	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO

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