

OK [Signature]

Ohio Campaign Finance Report

2013 10 22

Prescribed by Secretary of State 3/05

Full Name of Committee Ross County Democratic Party Executive Committee						Registration Number, if PAC						
Full Name of Candidate												
Street Address 280 East Main St.					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	\$	\$1,573.21	✓
2. Total monetary contributions (From Form No. 31-A)	\$	\$578.88	✓
3. Total other income (From Form No. 31-A-2)	\$	\$0.00	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,152.09	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	\$566.76	✓
6. Balance on hand (line 4 minus line 5)	\$	\$1,585.33	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00	
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)	\$	\$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.	\$	\$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

Cheryl Gallagher

10/22/2013

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 2

Other pages 2

Total pages 5

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Ross County Democratic Party Executive Committee											
Full Name of Contributor Napoleon Cross Council at Large							Registration Number, if PAC				
Street Address 29 Almahurst Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Chillicothe		State OH	Zip Code 45601		M 0	D 7	Y 2	Y 6	Y 1	Y 3	Amount \$83.88
Full Name of Contributor Ross County Democratic Party Restricted Fund							Registration Number, if PAC				
Street Address 280 East Main St.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Direct deposit				
City Chillicothe		State OH	Zip Code 45601		M 1	D 0	Y 0	Y 7	Y 1	Y 3	Amount \$495.00
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	Y	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	Y	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	Y	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	Y	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	Y	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	Y	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	Y	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											
Ross County Democratic Party Executive Committee											
To Whom Paid							M	D	Y	Amount	
USW Local 731							0	5	15	13	\$30.00
Address				Purpose							
170 S. Hickory St.				Meeting room rental fee							
City		State		Zip Code		Check Number					
Chillicothe		OH		45601		2923					
To Whom Paid							M	D	Y	Amount	
Jerry Byers							0	8	22	13	\$57.49
Address				Purpose							
7221 Marietta Road				Reimbursement for Picture frames							
City		State		Zip Code		Check Number					
Chillicothe		OH		45601		2924					
To Whom Paid							M	D	Y	Amount	
Printex							0	8	27	13	\$68.27
Address				Purpose							
185 E. Main St.				Fair signs and Ballets							
City		State		Zip Code		Check Number					
Chillicothe		OH		45601		2926					
To Whom Paid							M	D	Y	Amount	
Chillicothe Jaycees							0	9	19	13	\$50.00
Address				Purpose							
PO Box 6186				Parade Entry							
City		State		Zip Code		Check Number					
Chillicothe		OH		45601		2927					
To Whom Paid							M	D	Y	Amount	
Chili Fest							0	9	26	13	\$25.00
Address				Purpose							
45 E. Main St.				Entry fee							
City		State		Zip Code		Check Number					
Chillicothe		OH		45601		2929					
To Whom Paid							M	D	Y	Amount	
"Expenditures from Form 31F"							1	0	24	13	\$336.00
Address				Purpose							
				Fundraiser expenses for event 10/24/2013							
City		State		Zip Code		Check Number					
		OH									
To Whom Paid							M	D	Y	Amount	
Address				Purpose							
City		State		Zip Code		Check Number					
		OH									

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Ross County Democratic Party Executive Committee							
To Whom Paid Scioto Township				M	D	Y	Amount
				0	9	2	0
				1	3		
						\$175.00	
Address 164 S. Watt St.		Purpose Banquet room rental					
City Chillicothe		State OH	Zip Code 45601	Check Number 2928			
To Whom Paid US Postmaster				M	D	Y	Amount
				1	0	0	3
				1	3		
						\$115.00	
Address 40 S. Walnut St.		Purpose Stamps for invitations					
City Chillicothe		State OH	Zip Code 45601	Check Number 2930			
To Whom Paid Printex				M	D	Y	Amount
				1	0	0	4
				1	3		
						\$46.00	
Address 185 E. Main St.		Purpose Dinner invitations					
City Chillicothe		State OH	Zip Code 45601	Check Number 2931			
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							
To Whom Paid				M	D	Y	Amount
Address							
City							

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$336.00
Page Total \$