

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee								Registra	tion Nun	iber, if PAC
Ross County De	emoc	ratic Party E	xecu	tive Committee	:					
Full Name of Candidate	*****	kantiken metide latin ana kujumuk sedimi dimentian alikupa banis aka urusu aka usan di minishiri.		eri kerendiri belancak kerendiri kerendiri kerendiri belanda berbarak berbarak berbarak berbarak berbarak berb					*****************	
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Street Address						Office Sought				District
280 East Main St	280 East Main St.									
City	State Zip Code									
Chillicothe							ОН		4	5601
Type of Report	General Englands	Pre-Primary		Post-Primary	F	Pre-General		Post-Ger	neral	Annual Year
(place X to the left of report type)		July Monthly		August Monthly	arthurphilospar;	September Monthly	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Terminat	tion	Semiannual Junto to the special control of th
Amended Report?	■ No	Report Electronically F	iled?	☐ Yes II No	Date of	Election	1 M	1	0	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 \square 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.

I. Amount brought forward from last report	s \$1,573	.21
2. Total monetary contributions (From Form No. 31-A)	s \$578	.88
3. Total other income (From Form No. 31-A-2)	s \$0	.00
4. Total funds available (sum of lines 1, 2, 3)	s \$2,152	.09
5. Total monetary expenditures (From Form No. 31-B)	s \$566	.76
6. Balance on hand (line 4 minus line 5)	s \$1,585	.33
7. Value of in-kind contributions received (From Form No. 31-J-1)	s \$0	.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	s \$0	.00
9. Outstanding loans owed by committee (From Form No. 31-C)	s \$0	.00
10. Outstanding debts owed by committee (From Form No. 31-N)	s \$0	.00
11. Outstanding loans owed to committee (From Form No. 31-K)	s \$0	.00
12. Value of independent expenditures made (From Form No. 31-U)	s \$0	.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	s \$0	00

THE INFORMATION CONTAINED IN THIS REPORT IS MATERIAL FALSIFICATION IS GUILTY OF A FELONY OF THE FIFT		ON FALSIFICATION, WHO	EVER COMMITS ELECTION
Cheryl Gallagher, Treasurer	(Sherel V)	allacher	10/22/2013
Print Name and Title (Treasurer and Deputy Treasurer only)	Signature	J. S.	Date

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Expenditure	2
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Other	2	
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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full		·				
Ross County Democratic Party Exe	cutive Committe	е				
Full Name of Contributor			I Regis	tration h	Vumber, if	PAC
Napoleon Cross Council at Large					rumou, n	inc
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.
29 Almahurst Drive	di di					Check
City Chillicothe	State OH	Zip Code 45601	0 M	D 2 6	3 1 3	Amount \$83.88
Full Name of Contributor					umber, if	
Ross County Democratic Party Restric	cted Fund		Regist	zanon iv	anner, n	rac
Street Address	Employer/Occu	pation/Labor Organization*		90 TO 200 TO 200		Form (Cash, Check, etc.
280 East Main St.						Direct deposit
City	State	Zip Code	I M	D	Y	Amount
Chillicothe	ОН	45601	1 0	0 7	1 3	\$495.00
Full Name of Contributor			Regist	ration N	umber, if	PAC
Street Address	Tr1					
	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
	OH				***************************************	98000000
Full Name of Contributor			Registr	ation Nu	umber, if I	PAC
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	I M	D	TV	Amount
	ОН		1		*	Account
Full Name of Contributor			Registr	ation Nu	imber, if F	PAC
Street Address	r	*				F(G-1-G-1-)
	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	OH	esspecial control of the control of		A CONTRACTOR OF THE PERSON NAMED IN CONTRACTOR OF T		
Full Name of Contributor			Registra	ition Nu	mber, if P	AC
Street Address	[Employar/Open	pation/Labor Organization*				Form (Cash, Check, etc.)
	inproyer over	Manne Laton Organization				
City	State	Zip Code	M	D	Y	Amount
	OH			**************************************		
Full Name of Contributor			Registra	tion Nu	mber, if P	AC
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Check, etc.)
City	State OH	Zip Code	M	D	Y	Amount
full Name of Contributor			Registra	tion Nur	nber, if P/	VC .
Street Address	T 100	All and Braham Comments and the				Form (Cash, Check, etc.)
	Employer/Occup	ation/Labor Organization*				roim (Cash, Check, etc.)
Sity	State	Zip Code	M	D	Y	Amount
	ОН	energias da depe	Panaya minasan	***************************************		

Page Total \$578.88

^{*} 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

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Prescribed by Secretary of State 2/01

Name of Committee in Full				
Ross County Democratic Party Ex	ecutive Committee	е		
To Whom Paid USW Local 731			M D Y Amount	
OSW Local 731			0 5 1 5 1 3 \$30.00	
170 S. Hickory St.		room rental fee		
City Chillicothe	OH State	Zip Code 45601	Check Number 2923	
To Whom Paid Jerry Byers			M D Y Amount 0 8 2 2 1 3 \$57.49	
Address 7221 Marietta Road	Purpose Reimburs	sement for Picture	frames	
City Chillicothe	State OH	Zip Code 45601	Check Number 2924	
To Whom Paid Printex			M D Y Amount 0 8 2 7 1 3 \$68.27	2949-1
Address 185 E. Main St.	Purpose Fair signs	and Ballets		
City Chillicothe	OH State	Zip Code 45601	Check Number 2926	
To Whom Paid Chillicothe Jaycees			M D Y Amount 0 9 1 9 1 3 \$50.00	
Address PO Box 6186	Purpose Parade E	ntry		
City Chillicothe	State OH	Zip Code 45601	Check Number 2927	
To Whom Paid Chili Fest			M D Y Amount 0 9 2 6 1 3 \$25.00	- Carrier
Address 45 E. Main St.	Purpose Entry fee			
City Chillicothe	OH State	Zip Code 45601	Check Number 2929	
To Whom Paid "Expenditures from Form 31F"			M D Y Amount 1 0 2 4 1 3 \$336.00	
Address	Purpose Fundraiser	expenses for event	10/24/2013	
City	State	Zip Code	Check Number	基準
To Whom Paid			M D Y Amount	NAME OF TAXABLE PARTY.
Address	Purpose			\neg
City	State OH	Zip Code	Check Number	1
To Whom Paid		-	M D Y Amount	
Address	Purpose			\neg
City	State OH	Zip Code	Check Number	

Event Date	10/24/12
Page 1	

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 Execut	tive Committee						
To Whom Paid			M	D	Y	Amount	
Scioto Township			0 9	2 0	1 3	\$175.00	
Address	Purpose				-		
164 S. Watt St.	Banquet r	oom fental					
City	State	Zip Code	Check Number				
Chillicothe	OH	45601	2928				
To Whom Paid	- Indiana		M	D	Y	Amount	
US Postmaster			1 0	0 3	1 3	\$115.00	
Address	Purpose						
40 S. Walnut St.	Stamps fo	Stamps for invitations					
City	State	Zip Code		Check Number			
Chillicothe	OH	45601	2930				
To Whom Paid				D	Y	Amount	
Printex				0 4	1 3	\$46.00	
Address		Purpose Discounting to the big of					
185 E. Main St.	Dinner invitations						
City	State	Zip Code	Check Number				
Chillicothe	OH	45601	2931	AND DESCRIPTION OF THE PERSON NAMED IN			
To Whom Paid			М	D	Y	Amount	
Address	Purpose	Purpose					
City	State Zip Code		Check Number			March Street Street	
	ОН		Control (Santon)				
To Whom Paid				D	Y	Amount	
Address	Purpose					L	
City	State OH	Zip Code	Check Number		1000000		
To Whom Paid		-	M	D	Y	Amount	
Address	Purpose						
City	State Zip Code		Check Number			Same and Secure	
	ОН					参注的性能	
To Whom Paid			M	D	Y	Amount	
Address							
13001109	Purpose						
City	Purpose State	Zip Code	Check No	umber		- Albertaine	

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 \$