

# Ohio Campaign Finance Report

*OK/n*

Prescribed by Secretary of State 3/05

0011442019-201

Full Name of Committee <b>ROSS COUNTY REPUBLICAN PARTY</b>						Registration Number, if PAC	
Full Name of Candidate							
Street Address <b>129 E. MAIN ST.</b>				Office Sought		District	
City <b>Chillicothe</b>				State <b>OH</b>		Zip Code <b>45601</b>	
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	Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	Semiannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M <b>11</b>	D <b>04</b>
						Y <b>13</b>	

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	\$ 3,585	42	✓
2. Total monetary contributions (From Form No. 31-A)	\$ -0-		
3. Total other income (From Form No. 31-A-2)	\$ 5,816	97	✓
4. Total funds available (sum of lines 1, 2, 3)	\$ 9,402	39	✓
5. Total monetary expenditures (From Form No. 31-B)	\$ 7,203	79	✓
6. Balance on hand (line 4 minus line 5)	\$ 2,198	60	
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)	\$		
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.

**DIANE CARNES, CHAIR** *Diane Carnes* **10-24-13**  
 Print Name and Title (Treasurer and Deputy Treasurer only)      Signature      Date

Contribution pages <u>7</u>	Expenditure pages <u>24</u>	Other pages <u>1</u>	Total pages <u>32</u>
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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				M	D	Y	Amount
ROSS COUNTY REPUBLICAN PARTY							
To Whom Paid							
VOID							
Address		Purpose					
City		State	Zip Code	Check Number			
				2361			
To Whom Paid				M	D	Y	Amount
AEP				09	25	13	146.40 ✓
Address		Purpose					
P.O. BOX 24418		ELECTRICITY					
City		State	Zip Code	Check Number			
CANTON		OH	44701	2362			
To Whom Paid				M	D	Y	Amount
ROSS CO. BO. OF ELECTIONS				09	26	13	55.00 ✓
Address		Purpose					
475 WESTERN AVE		MAILING LABELS					
City		State	Zip Code	Check Number			
CHILLICOTHE		OH	45601	2363			
To Whom Paid				M	D	Y	Amount
CHILLICOTHE POSTMASTER				10	01	13	330.00 ✓
Address		Purpose					
40 S. WALNUT ST.		STAMPS					
City		State	Zip Code	Check Number			
CHILLICOTHE		OH	45601	2365			
To Whom Paid				M	D	Y	Amount
HELEN SCHUMAKER				10	01	13	550.00 ✓
Address		Purpose					
1 SHARON RD.		OCT. RENT					
City		State	Zip Code	Check Number			
CHILLICOTHE		OHIO	45601	2364			
To Whom Paid				M	D	Y	Amount
O'DELL FOR COUNCIL				10	04	13	500.00 ✓
Address		Purpose					
306 FAIRWAY		CANDIDATE					
City		State	Zip Code	Check Number			
CHILLICOTHE		OH	45601	2366			
To Whom Paid				M	D	Y	Amount
WARD FOR AUDITOR				10	04	13	500.00 ✓
Address		Purpose					
237 ST. CLAIR DR.		CANDIDATE					
City		State	Zip Code	Check Number			
CHILLICOTHE		OH	45601	2367			
To Whom Paid				M	D	Y	Amount
DAUGHTERS FOR COUNCIL				10	04	13	500.00 ✓
Address		Purpose					
320 FAIRWAY AVE							
City		State	Zip Code	Check Number			
CHILLICOTHE		OH	45601	2368			

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>ROSS COUNTY REPUBLICAN PARTY</b>						
To Whom Paid <b>HELEN SCHUMAKER</b>			M	D	Y	Amount
			08	01	13	550.00
Address <b>7 SHARON RD.</b>		Purpose <b>AUG. RENT</b>				
City <b>CHILLICOTHE</b>	State <b>OH</b>	Zip Code <b>45601</b>	Check Number <b>2349</b>			
To Whom Paid <b>AEP</b>			M	D	Y	Amount
			08	12	13	250.57
Address <b>P.O. BOX 24401</b>		Purpose <b>ELECTRICITY</b>				
City <b>CANTON</b>	State <b>OH</b>	Zip Code <b>44701</b>	Check Number <b>2350</b>			
To Whom Paid <b>AEP</b>			M	D	Y	Amount
			08	13	13	77.84
Address <b>P.O. BOX 24401</b>		Purpose <b>ELECTRICITY</b>				
City <b>CANTON</b>	State <b>OH</b>	Zip Code <b>44701</b>	Check Number <b>2351</b>			
To Whom Paid <b>HELEN SCHUMAKER</b>			M	D	Y	Amount
			08	20	13	600.00
Address <b>7 SHARON RD.</b>		Purpose <b>SEPT. RENT</b>				
City <b>CHILLICOTHE</b>	State <b>OH</b>	Zip Code <b>45601</b>	Check Number <b>2352</b>			
To Whom Paid <b>HORIZON</b>			M	D	Y	Amount
			09	18	13	179.97
Address <b>68 E. MAIN ST.</b>		Purpose <b>PHONES</b>				
City <b>CHILLICOTHE</b>	State <b>OH</b>	Zip Code <b>45601</b>	Check Number <b>2357</b>			
To Whom Paid <b>COLUMBIA GAS</b>			M	D	Y	Amount
			09	20	13	134.64
Address <b>P.O. BOX 742510</b>		Purpose <b>HEAT + COOLING</b>				
City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45274</b>	Check Number <b>2358</b>			
To Whom Paid <b>AEP</b>			M	D	Y	Amount
			09	20	13	107.08
Address <b>P.O. BOX 24401</b>		Purpose <b>ELECTRICITY</b>				
City <b>CANTON</b>	State <b>OH</b>	Zip Code <b>44701</b>	Check Number <b>2359</b>			
To Whom Paid <b>ROSS CO JR. FAIR</b>			M	D	Y	Amount
			09	20	13	375.75
Address <b>P.O. BOX 6148</b>		Purpose <b>HOG PURCHASE</b>				
City <b>CHILLICOTHE</b>	State <b>OH</b>	Zip Code <b>45601</b>	Check Number <b>2360</b>			

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# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>ROSS COUNTY REPUBLICAN PARTY</b>		Registration Number, if PAC	
Full Name of Contributor <b>FISH FRY SALES</b>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y <b>09   06   13</b>	Amount <b>5816.97</b>
City	State   Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M   D   Y	Amount
City	State   Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M   D   Y	Amount
City	State   Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M   D   Y	Amount
City	State   Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M   D   Y	Amount
City	State   Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M   D   Y	Amount
City	State   Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M   D   Y	Amount
City	State   Zip Code	Form (Cash, Check, etc.)	

\* 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)]

Fill in the boxes below only on the last page for this event.  
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

**5816 | 97**

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Total expenditures this event

**2219 | 14**

Page Total \$ **5,816.97**

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>ROSS COUNTY REPUBLICAN PARTY</u>									
To Whom Paid <u>CHILLICOTHE GAZETTE</u>						M	D	Y	Amount
Address <u>50 W. MAIN ST.</u>						<u>08</u>	<u>29</u>	<u>13</u>	<u>125.94</u> ✓
Purpose <u>FISH FRY ADS</u>									
City <u>CHILLICOTHE</u>			State <u>OH</u>	Zip Code <u>45601</u>	Check Number <u>2353</u>				
To Whom Paid <u>PRINTEX</u>						M	D	Y	Amount
Address <u>185 E. MAIN ST.</u>						<u>09</u>	<u>17</u>	<u>13</u>	<u>149.80</u> ✓
Purpose <u>TICKETS FOR FISH FRY</u>									
City <u>CHILLICOTHE</u>			State <u>OH</u>	Zip Code <u>45601</u>	Check Number <u>2354</u>				
To Whom Paid <u>WILLIAM STANSBERRY</u>						M	D	Y	Amount
Address <u>6349 MT. TABOR RD</u>						<u>09</u>	<u>17</u>	<u>13</u>	<u>21.40</u> ✓
Purpose <u>DRINKS FOR FISH FRY</u>									
City <u>CHILLICOTHE</u>			State <u>OH</u>	Zip Code <u>45601</u>	Check Number <u>2356</u>				
To Whom Paid						M	D	Y	Amount
Address									
City									
State									
Zip Code									
Check Number									
To Whom Paid <u>JUST MEATS</u>						M	D	Y	Amount
Address <u>846 EASTERN AVE</u>						<u>09</u>	<u>17</u>	<u>13</u>	<u>1922.00</u> ✓
Purpose <u>FOOD FOR FUND RAISER</u>									
City <u>CHILLICOTHE</u>			State <u>OH</u>	Zip Code <u>45601</u>	Check Number <u>2353</u>				
To Whom Paid						M	D	Y	Amount
Address									
City									
State									
Zip Code									
Check Number									

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.

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
To Whom Paid							M	D	Y	Amount
ROSS COUNTY REPUBLICAN PARTY										
COLUMBIA GAS							10	11	13	29.40 ✓
Address P.O. BOX 742510				Purpose HEAT						
City CINCINNATI			State OH		Zip Code 45274		Check Number 2369			
CHILLICOTHE POSTMASTER										
40 S. WALNUT ST.							10	15	13	48.00 ✓
Address				Purpose STAMPS						
City CHILLICOTHE			State OH		Zip Code 45601		Check Number 2370			
CHILLICOTHE JAYCEES										
P.O. BOX 6186							10	18	13	50.00 ✓
Address				Purpose HALLOWEEN PARADE						
City CHILLICOTHE			State OH		Zip Code 45601		Check Number 2371			
							M	D	Y	Amount
Address				Purpose						
City			State		Zip Code		Check Number			
							M	D	Y	Amount
Address				Purpose						
City			State		Zip Code		Check Number			
							M	D	Y	Amount
Address				Purpose						
City			State		Zip Code		Check Number			
							M	D	Y	Amount
Address				Purpose						
City			State		Zip Code		Check Number			

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