

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Childrens Services					Registration Number, if PAC							
Full Name of Candidate												
Street Address 475 Western Avenue, PO Box 792					Office Sought			District				
City Chillicothe, Ohio 45601					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 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 checked="" type="checkbox"/>	Semiannual 2013		
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	1	0	6	1	2

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	\$	237.31	✓
2. Total monetary contributions (From Form No. 31-A)	\$	0.00	
3. Total other income (From Form No. 31-A-2)	\$	0.00	
4. Total funds available (sum of lines 1, 2, 3)	\$	237.31	
5. Total monetary expenditures (From Form No. 31-B)	\$	31.00	✓
6. Balance on hand (line 4 minus line 5)	\$	206.31	✓
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.	\$		

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.

Stephanie M. Mathers

S Mathers

07/08/2013

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 0

Expenditure pages 3

Other pages 1

Total pages 4

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Childrens Services							
To Whom Paid Postmaster				M	D	Y	Amount
				0	2	05	\$22.00
Address 629 Central Center		Purpose PO Box fee					
City Chillicothe		State OH	Zip Code 45601	Check Number 224			
To Whom Paid Postmaster				M	D	Y	Amount
				0	2	08	\$9.00
Address 629 Central Center		Purpose 2nd key to PO Box					
City Chillicothe		State OH	Zip Code 45601	Check Number 225			
To Whom Paid				M	D	Y	Amount
Address							
City				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				OH			