

DEC 27 2016

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Ross County Republican Women						Registration Number, if PAC								
Full Name of Candidate														
Street Address 27 West Second St. PO Box 1803						Office Sought			District					
City Chillicothe						State O H		Zip Code 45601						
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X Pre-General		Post-General		Annual Year					
	July Monthly		August Monthly		September Monthly		Termination		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			M 1 1		D 0 8		Y 1 6	

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 at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

Report is:
 OK: NEEDS INFO / AMENDED IN CFS
 SCANNED FOR ONLINE

1. Amount brought forward from last report	\$	2,439.68	✓
2. Total monetary contributions (From Form No. 31-A)	\$	250.00	✓
3. Total other income (From Form No. 31-A-2)	\$	424.00	✓
4. Total funds available (sum of lines 1, 2, 3)	\$	3,113.68	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	1,325.00	
6. Balance on hand (line 4 minus line 5)	\$	1,788.68	✓
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

Cheryl Richards, Treasurer

Cheryl Richards, Treasurer

10/27/16

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages 1

Total pages 3

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ross County Republican Women						
Full Name of Contributor The Scioto Society - Tecumseh				Registration Number, if PAC		
Street Address 216 Freshour Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		Amount
City Chillicothe	State O	Zip Code H 45601	M 0	D 6	Y 2 0 1 6	250.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		Amount
City	State	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 appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Ross County Republican Women												
To Whom Paid City of Chillicothe						M	D	Y	Amount			
						0	4	1	9	1	6	75.00
Address 35 South Paint St.				Purpose Rental for Big Lion Shelter - Flag Day Picnic								
City Chillicothe		State <input type="radio"/> O <input type="radio"/> H		Zip Code 45601		Check Number 1005						
To Whom Paid Garrett for Commissioner						M	D	Y	Amount			
						0	6	1	4	1	6	625.00
Address 620 Seminole Rd.				Purpose Donation for Garrett for Commissioner								
City Chillicothe		State <input type="radio"/> O <input type="radio"/> H		Zip Code 45601		Check Number 1007						
To Whom Paid Lavendar for Sheriff						M	D	Y	Amount			
						0	6	1	4	1	6	625.00
Address 178 Meadowlark Driver				Purpose Donation for Lavendar for Sheriff								
City Chillicothe		State <input type="radio"/> O <input type="radio"/> H		Zip Code 45601		Check Number 1008						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						