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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee ARNOLD FOR COUNCIL PRESIDENT						Registration Number, if PAC			
Full Name of Candidate BRUCE A. ARNOLD									
Street Address 26 W. WATER ST.				Office Sought			District		
City CHILlicothe				State OH		Zip Code 45601			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		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 type="checkbox"/> No			Date of Election		M	D	Y

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	\$	50	44
2. Total monetary contributions (From Form No. 31-A)	\$		
3. Total other income (From Form No. 31-A-2)	\$		
4. Total funds available (sum of lines 1, 2, 3)	\$	50	44
5. Total monetary expenditures (From Form No. 31-B)	\$		
6. Balance on hand (line 4 minus line 5)	\$		
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)	\$	850	00
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.

Bruce A. Arnold
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

1-31-17

Contribution pages 0

Expenditure pages _____

Other pages _____

Total pages _____