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on CFS

Ohio Campaign Finance Report JAN 4 2017 AM 8:31

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Children's Services						Registration Number, if PAC								
Full Name of Candidate														
Street Address 475 Western Ave., Ste B, PO Box 469						Office Sought			District					
City Chillicothe						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 checked="" type="checkbox"/>	Annual Year 2016				
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	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			1	M	1	D	0	6	1	Y	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	\$	\$55.31	
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)	\$	\$55.31	
5. Total monetary expenditures (From Form No. 31-B)	\$	\$48.00	
6. Balance on hand (line 4 minus line 5)	\$	\$7.31	
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 Mathers, Treasurer

Stephanie Mathers

01/04/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 4

Expenditure pages _____

Other pages 1

Total pages 5

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Children's Services						
To Whom Paid US Postmaster			M 1	D 2	Y 16	Amount \$48.00
Address 629 Central Center		Purpose Post office box				
City Chillicothe		State OH	Zip Code 45601	Check Number 230		
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code	Check Number		
OH						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code	Check Number		
OH						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code	Check Number		
OH						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code	Check Number		
OH						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code	Check Number		
OH						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code	Check Number		
OH						
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State	Zip Code	Check Number		
OH						