

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Ross County Republican Party</i>						Registration Number, if PAC				
Full Name of Candidate										
Street Address <i>27 W. 2nd Street</i>					Office Sought		District			
City <i>Chillicothe</i>					State <i>OH</i>		Zip Code <i>45601</i>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year <i>2016</i>	
	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	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.

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

1. Amount brought forward from last report	\$	<i>655.88</i>	✓
2. Total monetary contributions (From Form No. 31-A)	\$	<i>2.00</i>	
3. Total other income (From Form No. 31-A-2)	\$	<i>7.40</i>	
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>663.28</i>	
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>2.00</i>	
6. Balance on hand (line 4 minus line 5)	\$	<i>663.28</i>	
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.

MARALEE SCHEELER
Print Name and Title (Treasurer and Deputy Treasurer only)

Maralee Scheeler
Signature

Jan. 23, 2017
Date

Contribution pages 1

Expenditure pages 2

Other pages 2

Total pages 2 (including cover)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Koss County Republican Party</i>				Registration Number, if PAC			
Full Name <i>State of Ohio Tax Rebate</i>		Type*		M	D	Y	Amount
Address		Type*					<i>7.40</i>
City <i>Columbus</i>		State <i>oh</i>		Zip Code		Form (Cash, Check, etc.) <i>ERT</i>	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.