

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee ROSS COUNTY HEALTH LEVY COMMITTEE						Registration Number, if PAC						
Full Name of Candidate												
Street Address 150 E SECOND STREET						Office Sought LEVY			District ROSS			
City CHILLICOTHE						State OHIO		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 checked="" type="checkbox"/>	Post-General	<input 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
								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 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	\$	\$127.78
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,004.14
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$2,131.92
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$2,131.92
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.

THOMAS HAMMAN, DEP TREAS

01/31/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 0

Other pages 1

Total pages 2

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full ROSS COUNTY HEALTH LEVY COMMITTEE							
Full Name of Contributor ROSS COUNTY HEALTH DISTRICT (ACTIVITIES COMMITTEE)						Registration Number, if PAC	
Street Address 150 E SECOND ST			Employer/Occupation/Labor Organization * Activities Committee			Form (Cash, Check, etc.) CHECK	
City CHILLICOTHE		State OH	Zip Code 45601	M 0	D 8	Y 0	Amount \$500.00
Full Name of Contributor THOMAS HAMMAN						Registration Number, if PAC	
Street Address 2780 EGYPT PIKE			Employer/Occupation/Labor Organization * Board Member			Form (Cash, Check, etc.) CHECK	
City CHILLICOTHE		State OH	Zip Code 45601	M 0	D 8	Y 3	Amount \$100.00
Full Name of Contributor ROSS COUNTY HEALTH DISTRICT (ACTIVITIES COMMITTEE)						Registration Number, if PAC	
Street Address 150 E SECOND ST			Employer/Occupation/Labor Organization * Activities Committee			Form (Cash, Check, etc.) CHECK	
City CHILLICOTHE		State OH	Zip Code 45601	M 1	D 0	Y 1	Amount \$1,031.00
Full Name of Contributor WANDA WHETSEL						Registration Number, if PAC	
Street Address 1250 ROCK RUN RD			Employer/Occupation/Labor Organization * Home Health Director			Form (Cash, Check, etc.) CHECK	
City JACKSON		State OH	Zip Code 45640	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor THOMAS HAMMAN						Registration Number, if PAC	
Street Address 2780 EGYPT PIKE			Employer/Occupation/Labor Organization * Board Member			Form (Cash, Check, etc.) CASH	
City CHILLICOTHE		State OH	Zip Code 45612	M 1	D 1	Y 0	Amount \$209.00
Full Name of Contributor THOMAS HAMMAN						Registration Number, if PAC	
Street Address 2780 EGYPT PIKE			Employer/Occupation/Labor Organization * Board Member			Form (Cash, Check, etc.) CASH	
City CHILLICOTHE		State OH	Zip Code 45601	M 1	D 1	Y 0	Amount \$64.14
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City		State OH	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 also appear. [R.C. 3517.10(B)(4)]