



Committee Name <i>Koss County Republican Party</i>		Office Sought		District
Street Address <i>27 W. 2nd Street</i>		City <i>Chillicothe</i>	State <i>OH</i>	Zip <i>45601</i>
Candidate Name OR PAC Registration Number		Treasurer Name		Election Date (MM/DD/YYYY)

Type of Report (choose one):

- Annual
 Semiannual
 Pre-Primary
 Post-Primary
 Pre-General
 Post-General

Statewide Candidates Only:

- July Monthly
 August Monthly
 September Monthly

Year

Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	<i>4253.07</i>
2. Total monetary contributions (From Forms 31-A and 31-E)	<i>136.-</i>
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	<i>4389.07</i> ✓
5. Total monetary expenditures (From Forms 31-B and 31-F)	<i>3403.61</i>
6. Balance on hand (line 4 minus line 5)	<i>985.46</i> ✓
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

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

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
 WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Maralee Scheeler
Signature of Treasurer or Deputy Treasurer

12/10/2018
Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
1

Other Pages
6

Total Pages
8



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Ross County Republican Party</i>				
Full Name of Contributor <i>Aaron Hines</i>			Registration Number, if PAC	
Street Address <i>612 Oneca Rd</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>ck</i>
City <i>Chillicothe</i>	State <i>OH</i>	Zip Code / <i>45601</i>	Date (MM/DD/YYYY) <i>11/21/2018</i>	Amount <i>80.-</i>
Full Name of Contributor <i>Cash rec'd - shirt sale</i>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>ck</i>
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY) <i>11/21/2018</i>	Amount <i>56.-</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	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)]



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Ross County Republican Party</i>			
To Whom Paid <i>US Post Office</i>		Date (MM/DD/YYYY) <i>10/23/2018</i>	Amount <i>70.-</i>
Street Address <i>S. Walnut St</i>		Purpose <i>Stamps</i>	
City <i>Chillicothe</i>	State OH	Zip Code <i>45601</i>	Check Number <i>1154</i>
To Whom Paid <i>Ross Co. Fair Board</i>		Date (MM/DD/YYYY) <i>10/24/2018</i>	Amount <i>2600.-</i>
Street Address		Purpose <i>County Fair Pie Auction</i>	
City <i>Chillicothe</i>	State OH	Zip Code <i>45601</i>	Check Number <i>1155</i>
To Whom Paid <i>Printer</i>		Date (MM/DD/YYYY) <i>10/24/2018</i>	Amount <i>578.-</i>
Street Address <i>E. Main St</i>		Purpose <i>State Cards</i>	
City <i>Chillicothe</i>	State OH	Zip Code <i>45601</i>	Check Number <i>1156</i>
To Whom Paid <i>Richard Lacey</i>		Date (MM/DD/YYYY) <i>10/30/2018</i>	Amount <i>185.61</i> ✓
Street Address <i>102 2nd St</i>		Purpose <i>Halloween Parade Float</i>	
City <i>Beavercreek</i>	State OH	Zip Code	Check Number <i>1157</i>
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 3403.61 ✓