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Mel CTS



Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

Committee Name Ross County Health Levy Committee		Office Sought		District
Street Address 150 East Second Street		City Chillicothe	State OH	Zip 45601
Candidate Name OR PAC Registration Number		Treasurer Name Melissa J. Butt		Election Date (MM/DD/YYYY)

JUL 26 2018 PM 1:25

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	\$1012.84
2. Total monetary contributions (From Forms 31-A and 31-E)	-0-
3. Total other income (From Form 31-A-2)	-0-
4. Total funds available (sum of lines 1, 2, 3)	\$1012.84
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$5.00
6. Balance on hand (line 4 minus line 5)	\$1007.84
7. Value of in-kind contributions received (From Form 31-J-1)	-0-
8. Value of in-kind contributions made (From Form 31-J-2)	-0-
9. Outstanding loans owed by committee (From Form 31-C)	-0-
10. Outstanding debts owed by committee (From Form 31-N)	-0-
11. Outstanding loans owed to committee (From Form 31-K)	-0-
12. Value of independent expenditures made (From Form 31-U)	-0-

✓
✓
✓

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

Melissa J. Butt

Signature of Treasurer or Deputy Treasurer

07/26/2018

Date (MM/DD/YYYY)

Contribution Pages
0

Expenditure Pages
1

Other Pages
1

Total Pages
2



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Ross County Health Levy Committee			
To Whom Paid Ross County Banking Center		Date (MM/DD/YYYY) 07/06/2018	Amount \$5.00
Street Address 112 West Main Street, P.O. Box 460		Purpose Service Charge for Inactive Account	
City McArthur	State OH	Zip Code 45651	Check Number No Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 5.00