

Ohio Campaign Finance Report



Prescribed by Secretary of State 3/05

Full Name of Committee	m/ 12 B 3	S TER DAYTENS	μ	·	Registrati	ion Number, if PAC
Full Name of Candidate	TOHEX KITCLO	5 RELIMYTERS	FUTURE			
Street Address			Office Sou	ught		District
City CITY				St		Zip Code 454ZL
Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	Pre-Gener		Post-Gen	Annual Year
	July Monthly	August Monthly	September Monthly		Terminati	Semiannual
Amended Report? Yes	☐ No Report Electronically	Filed? 🗆 Yes 🗆 No	Date of Election		M	D
		ns and expenditures each total \$500 or le			periods at one	election, check box 🗆
No other forms are required for a	a post-primary or post-general p	eriod, if above statement applies. See R	C. 3517.10(H) for	uetans.		
	1. Amount brought forward	l from last report	\$	27969	6.7	
	2. Total monetary contributions (From Form No. 31-A)			~	r same	2017 JAN 30
	3. Total other income (Fron	n Form No. 31-A-2)	\$			JAN 30 PH
	4. Total funds available (su	m of lines 1, 2, 3)	\$	31964	i. 7	PH 12: 54
	5. Total monetary expendit	ures (From Form No. 31-B)	\$	1051	33	12: 5
	6. Balance on hand (line 4 r	ninus line 5)	s 5	0918	34	₩ -
	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)			4		_
	9. Outstanding loans owed	\$				
	10, Outstanding debts owed	\$				
	11. Outstanding loans owed	to committee (From Form No. 31-K)	\$ \$			
	12. Value of independent ex	spenditures made (From Form No. 31	-U) \$			
	13. For Electronic Filing En Sum of lines 2, 7, and a	ntities only mount of any new loans received this	period. \$	10918	, 34	
THE INFORMATION CONT. FALSIFICATION IS GUILTY Print Name and Title (Treasurer	OF A FELONY OF THE FI $Z = TZE_{AS} \cap ZE$. ,		DMMITS ELECTION 31 17 Date
Contribution pages _ C /	Expendi	ture ages /	Other pages	()		Total pages

31-B R.C. 3517.10

Statement of Expenditures

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full		prime.								
NOIGHBERSHIEDE FORM	DATIENS	FUTIRE.	M	D.	Ý	Amount				
I to whom raid						1051.33				
Address 351 IN MONAMENT AV	Purpose									
City	State	Zip Code 452fe Z	Check N	lumber 43						
To Whom Paid	 		М	D	Ŷ	Amount				
Address	Purpose	L	I :							
City	State	Zip Code	Check N	lumber						
To Whom Paid	<u> </u>		M :	D	Y	Amount				
Address Purpose										
City	State Zip Code			lumber						
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Address	Purpose									
City	State	State Zip Code		Check Number						
To Whom Paid				D	Y.	Amount				
Address	Address Purpose									
City	State	Zip Code	Check Number							
To Whom Paid		M	D	Y	Amount					
Address	Purpose		 i							
City	State	Zip Code	Check Number		•					
To Whom Paid	<u> </u>		М	D	Y	Amount				
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City	State	Zip Code	Check Number							
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Address	Purpose									
City	State	Zip Code	Check 1	Number						

Page Total \$