

30-A

R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF RAMONA REYES		Registration Number, if PAC:	
Full Name of Candidate RAMONA ROSARIO REYES			
Street Address 11028 FRANCISCO RD		Office Sought SCHOOL BOARD	District COLUMBUS
City COLUMBUS		State OH	Zip Code 43220
Type of Report (place X in the left of report type)	☐ Pre-Primary ☐ July Monthly ☐ Post-Primary ☐ August Monthly ☐ Pre-General ☒ September Monthly ☐ Post-General ☐ Termination	☒ Exp. 2013 ☐ Annual Year ☐ Semiannual	☐ Annual Year ☐ Semiannual
Amended Report? ☐ Yes ☒ No		Report Electronically Filed? ☐ Yes ☒ No	
Date of Election		11/05/13	

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 1.1. 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.

1. Amount brought forward from last report	\$	8,391.92
2. Total monetary contributions (From Form No. 31-A)	\$	- 0 -
3. Total other income (From Form No. 31-A-2)	\$	- 0 -
4. Total funds available (sum of lines 2, 3, 3)	\$	8,391.92
5. Total monetary expenditures (From Form No. 31-B)	\$	- 0 -
6. Balance on hand (line 4 minus line 5)	\$	8,391.92
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	- 0 -
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	- 0 -
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	- 0 -
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	- 0 -
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	- 0 -
12. Value of independent expenditures made (From Form No. 31-U)	\$	- 0 -
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period	\$	- 0 -

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.

MICHAELA JOHNSON, TREASURER
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Michaela Johnson
Signature

Date

1/31/14
Date

Contribution
pages **0**

Expenditure
pages **0**

Other
pages **0**

Total
pages **1**