



2018 JUL 18 11:34:25

Committee Name
Committee to Elect Torin Jacobs

Office Sought
State Representative

District
18th

Street Address
1342 Fair Ave

City
Columbus

State
OH

Zip
43205

Candidate Name OR PAC Registration Number
Torin Jacobs

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
☒ No ☐ Yes

Termination
☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))
☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	0.00
2. Total monetary contributions (From Forms 31-A and 31-E)	85.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	85.00
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	85.00
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	0.00
10. Outstanding debts owed by committee (From Form 31-N)	0.00
11. Outstanding loans owed to committee (From Form 31-K)	0.00
12. Value of independent expenditures made (From Form 31-U)	0.00

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

Signature of Treasurer or Deputy Treasurer

7/13/18

Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

Last Updated 09/2017