Ohio Campaign Finance Report

See Jones Joseph

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Prescribed by Secretary of State 3/05

							FRANKLIN COUNTY			
Full Name of Committee		nk M	. .	(1)			Reg	istration Nu	iber,[if PAE[]	IONS
Full Name of Candidate Fran K	V	mili								
Street Address 2259	Ca	nterbu	[4	Rd		Office Sought			District 6	
Columbus							State Zip Code OH 4322/			
Type of Report		Pre-Primary		Post-Primary		Pre-General	Post	-General	Annual	Year
(place X to the left of report type)		July Monthly	1	August Monthly	<u> </u>	September Monthly	Terr	nination	Semian	mual
Amended Report? Yes	□ No	Report Electronically	y Filed?	☐ Yes ♠ No	Date of	Election	" M" (O	30	Y 9

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 \square 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	s	1705	01
2. Total monetary contributions (From Form No. 31-A)	\$	350	00
3. Total other income (From Form No. 31-A-2)	\$	500	00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$0	00
5. Total monetary expenditures (From Form No. 31-B)	\$	1854	59
6. Balance on hand (line 4 minus line 5)	\$	2205	4
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)	\$,
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

	Sum of lines 2, 7, and amount of any new loans rece	ived this period. \$		
THE INFORMATION CONTAINED FALSIFICATION IS GUILTY OF A	IN THIS REPORT IS MADE UNDER THE PENA FELONY OF THE FIFTH DEGREE.	ALTY OF ELECTION FALSIFICA		/
Print Name and Title (Treasurer and Dep	uty Treasurer only) Signature	K. Cal	00/00/000 Date	00 HZ1/k
Contribution	Expenditure	Other	Total	A 2