

FILED

Ohio Campaign Finance Report 2017 DEC 12 PM 1:41

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Good Health Columbus Political Action Committee						Registration Number, if PAC					
Full Name of Candidate											
Street Address 1390 Dublin Road						Office Sought			District		
City Columbus						State O H		Zip Code 43215			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		X Post-General		Annual Year		
	July Monthly	August Monthly	September Monthly	Termination		Semiannual					
Amended Report? ☐ Yes ☒ No		Report Electronically filed? ☐ Yes ☒ No		Date of Election		M 1 1		D 0 7		Y 1 7	

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. No other forms are required at 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	\$ 10,773.85
2. Total monetary contributions (From Form No. 31-A)	\$ 350.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 11,123.85
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,500.00
6. Balance on hand (line 4 minus line 5)	\$ 9,623.85
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-I)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

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.

Robert Falcone, Dep. Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

12/12/2017

Date

Contribution pages <u>1</u>

Expenditure pages <u>1</u>

Other pages <u>3</u>

Total pages <u>5</u>
