

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Franklin County Democratic Party - JUDICIAL ACCOUNT						Registration Number, if PAC			
Full Name of Candidate									
Street Address 340 E. Fulton St.					Office Sought			District	
City Columbus					State O H		Zip Code 43215		
Type of Report (check all that apply) (Type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July		August		September		Termination		Semiannual
	Monthly		Monthly		Monthly				
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M D Y 1 1 0 6 1 8	

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.

Amount of cash received from all sources	\$ 356.10
2. Total amount of cash received from Form No. 31-A	\$
3. Total amount of cash received from Form No. 31-A	\$
4. Total amount of cash received from Form No. 31-A	\$ 356.10
5. Total amount of cash received from Form No. 31-A	\$
6. Balance forward (from 4 above) plus 5	\$ 356.10
7. Value of in-kind contributions received (from Form No. 31-A)	\$
8. Value of in-kind contributions made (from Form No. 31-A)	\$
9. Outstanding amount of contributions (from Form No. 31-A)	\$
10. Outstanding amount of contributions (from Form No. 31-A)	\$
11. Outstanding amount of contributions (from Form No. 31-A)	\$
12. Value of independent expenditures made (from Form No. 31-A)	\$
13. For HECs only: filing electronically	\$
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

Print Name and Title (Treasurer and Deputy Treasurer only) Kimberly E. Marino		Signature Kimberly E. Marinello		Date 1-10-19	
Contribution pages	Expenditure pages	Other pages	Total pages		