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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

			2015 DEC 1	I PM 3: 17	
Full Name of Committee	ducation Asso	ciation Political	Action Committe	"	Yumber, if PAC
Full Name of Candidate	Jucation Asso			ELECTIONS	
	k Ryan/Debra Ka	alinosky			
Street Address 309 Trail East			Office Sought local scl	nool board	NAPLS
Pataskala				State Zip (^{Code} 43062
Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	Pre-General	Post-General	Annual Year
	July Monthly	August Monthly	September Monthly	Termination	Semiannual
Amended Report? Tes	No Report Electronically	Filed? Yes No	Date of Election	1 ^M 1 0	^D 3 1 ^Y 5
For candidates only, during an e	lection year: if total contribution	ons and expenditures each total \$500	0 or less during the combined pre-	and post-periods at one elect	tion, check box 🗔

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 \$1,046	.32
2. Total monetary contributions (From Form No. 31-A)	s \$275	.00
3. Total other income (From Form No. 31-A-2)	s \$0	.00
4. Total funds available (sum of lines 1, 2, 3)	s \$1,321	.32
5. Total monetary expenditures (From Form No. 31-B)	s \$996	.21
6. Balance on hand (line 4 minus line 5)	s \$325	.11
7. Value of in-kind contributions received (From Form No. 31-J-1)	s \$0	.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	s \$0	.00
9. Outstanding loans owed by committee (From Form No. 31-C)	s \$0	.00
10. Outstanding debts owed by committee (From Form No. 31-N)	s \$0	.00
11. Outstanding loans owed to committee (From Form No. 31-K)	s \$0	.00
12. Value of independent expenditures made (From Form No. 31-U)	s \$0	.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	S	

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.

Shannon Wrint Name and Title (Treasurer and D	eputy Teasurer only)	Signature	nnor L.P	Nay	12-11-15 Date
Contribution	Expenditure		Other		Total

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