Ohio Campaign Finance Report

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Prescribed by Secretary of St	Prescribed by Secretary of State 3/05						ici į	7 _{AH}	11
Full Name of Committee Citizens for a Safer Grove City				Registrat	ion Numi	berrif P	AC CIN	VOL LECT	\tilde{I}_{io}
Full Name of Candidate				·					IU)
Street Address 2091 Stargrass Avenue		Office Sought		··· -		Distric	ı		
Grove City			Sta OH	Zip Cod	43123				
Type of Report Primary Post-Primary (place X to the left of report July August	•	Pre-General September		Post-Gen			Annual Y		
type) Monthly Monthly Monthly Amended Report? Tyes I No Report Electronically Filed? Tyes No Dar		Monthly	<u>اــا</u> ۸	Terminat	ion O	4	1	4	
Amended Report?] ∞x []	1 4	ļ
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	\$0	00	_				
2. Total monetary contributions (From Form No. 31-A)		s \$15	5,775	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 \$15, ²			00					
5. Total monetary expenditures (From Form No. 31-B)		s \$8	3,400	55					
6. Balance on hand (line 4 minus line 5)		s \$7	7,374	45					
7. Vaine of in-kind contributions received (From Form No. 31-J-1)		s \$447 00		00					
8. Value of in-kind contributions made (From Form No. 31-J-2)	8. Value of in-kind contributions made (From Form No. 31-J-2)			Ó0					
9. Outstanding loans owed by committee (From Form No. 31-C)				00					
10. Outstanding debts owed by committee (From Form No. 31-N)		s	\$0	ÓΟ					
11. Outstanding loans owed to committee (From Form No. 31-K)		s	\$0	00					
12. Vaine of independent expenditures made (From Form No. 31-U)		s	\$0	00	1				
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this per	riod.	s	\$0	00	1				
THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF E PALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.	LECT	TON FALSIFICATION	s. WHO	EVER CO	OMMITS	S ELEC	TION		
Michael Aeh - Treasurer rint Name and Title (Treasurer and Deputy Treasurer only) Signature			_ 	1	0/17/ Date	/201	4		
Contribution 3 Expenditure pages		ner ages				Total pages	0		