Ohio Campaign Finance Report 31 PM 1:24

Prescribed by Secretary of State 3/05

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}- }	RANKLIN COUNTY
RA	ARD DE ELECTIONS

				DUARD:			
Full Name of Committee				Registration	Number, if PA	.C	
NO CHEATERS NO	O CHARTERS (COLUMBUS					
Full Name of Candidate			····		·		
Street Address			Office Sought District				
1815 FRANKLIN PA	RK SOUTH						
City State Zip Code							
COLUMBUS				OH	43205		
						Annual Year	
Type of Report	Pre-Primary	Post-Primary	Pre-General	Post-Genera	1		
(place X to the left of report	July	August	September	V		Semiannual	
type)	Monthly	Monthly	Monthly	Termination		2014	
Amended Report?	Report Electro	onically filed?	· · · · · · · · · · · · · · · · · · ·	М	D	Y	
Yes 🗸 No		Yes 🗸 No	Date of Election	1 1			
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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	0.00
2. Total monetary contributions (From Form No. 31-A)	0.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 0.00
5. Total monetary expenditures (From Form No. 314B)*	\$ 0.00
6. Balance on hand (line 4 minus line 5)	0.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2):	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
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 DESPRES O												
Jonathan Beard, Treasurer (
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date												
Contribution	Expenditure	Other	Total									
pages <u>O</u>	pages 0	pages <u> </u>	pages <u>0</u>									