

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY

Full Name of Committee Columbus Medical Association Political Action Committee						Registration Number, if PAC 1115	
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 in the left of report type)	Pre-Primary		X	Post-Primary		Annual Year	
	July			August			
	Monthly			Monthly			
Amended Report?		Report Electronically filed?		Date of Election		M D Y	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		0 5 0 8 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.

1. Amount brought forward from last report	\$ 9,123.85
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)	\$ 9,123.85
5. Total monetary expenditures (From Form No. 31-B)	\$ 500.00
6. Balance on hand (line 4 minus line 5)	\$ 8,623.85
7. Value of in-kind contributions received (From Form No. 31-L-1)	\$
8. Value of in-kind contributions made (From Form No. 31-L-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-M)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing System 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

06/13/18

Date

Contribution	pages
<u>0</u>	

Expenditure	pages
<u>1</u>	

Other	pages
<u>3</u>	

Total	pages
<u>4</u>	