Ohio Campaign Finance Report

				Prescribe	ed by Secre	etary of S	tate 3/05	5	_					_
Full Name of Committee Columbus Medical Association Political Action Committee										Registration Number, if PAC				
Full Name of Candidate								<u>-</u>						
Street Address 1390 Dublin Road City Office Sought										Ţ				
										State	le			
Columbus	X (2)		1	<u> </u>		\top			0	H	432	215	Annu	al Year
Type of Report (place X to the left of report	Pre-Prin July		Post-Primary August		4-	X Pre-General September		ļ	Post-General			Semiannual		
1 790)	Monthly			Monthly			Monthly			Termination				
Amended Report?	√ No	ectronically f	· -			Date of Blection			м 1	0	р 6	1	Y 8	
For candidates only, during an check box. No other forms are	required at a post-	primary or p	post-general	period, if				•	-	•]		
	Amount brought forward from last report S Total monetary contributions (From Form No. 31-A).							\$						
	3. Total other income (Prom Form No. 31-A-2)							\$	3,250.00 0.00					
	4. Total funds available (sum of lines 1, 2, 3)							\$	11,873.85					
	5. Total monetary	expenditur	res (Prom Po	om Form No. 31-19)				\$	2,547.29					
	6. Balance on hand (line 4 name line 5)							\$ 9,326.56 \$						
	7. Value of in-kin	d contributi	iona received	(Fran F	om No. 31	J-1)	eyy High de Yekene	\$		<u> </u>				
	8. Value of in-kin	d contributi	iess made (F	rom Form	No. 31-J	2).		\$, .				
	9. Outstanding lo					U talia		\$						
	10. Outstanding d						*****	\$			·			
	12. Value of inde	***					di Val	\$			<u></u>			
	13. For Electroni Sum of Imes 2, 7		Maria Laboratoria	loans rec	rived this p	eriod		\$						
THE INFORMATION CON COMMITS ELECTION FA	LSIFICATION IS	GUILTY	OF A FELO			_ ,		CCTION FALSIF	IOATIO	N. WHO	EVER	40 //	20. /4	.0
Robert Falcone, Dep. Treasurer Print Name and Title (Treasurer and Deputy Treasurer only) Contribution Expenditure Other									To	10/	23 / 1 Date			
pages 1	_		pages	1		ļ	р	ages5	_		pag	ges 		<u> </u>