

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

2019 APR 05 PM 5:05

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Full Name of Committee Columbus Medical Association Political Action Committee						Registration Number, if PAC			
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 to the left of report type)	☒ Pre-Primary		☐ Post-Primary		☐ Pre-General		☐ Post-General		Annual Year
	☐ July		☐ August		☐ September		☐ Termination		Semiannual
	☐ Monthly		☐ Monthly		☐ Monthly		☐ Monthly		
Amended Report? ☐ Yes ☒ No			Report Electronically filed? ☐ Yes ☒ No			Date of Election		M D Y 0 5 0 7 1 9	

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	\$ 9,000.36
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)	\$ 9,000.36
5. Total monetary expenditures (From Form No. 31-B)	\$ 250.00
6. Balance on hand (line 4 minus line 5)	\$ 8,750.36
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
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 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 DEGREE

Robert Falcone, Dep. Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

For MJP

4/25/19
Date

Contribution pages <u>0</u>

Expenditure pages <u>1</u>

Other pages <u>2</u>

Total pages <u>3</u>
