30-A R.C. 3517.10

2013 Post General Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee		Registration Number, if PAC								
Full Mark of Candidates										
17411	Mulchester									
Street Address	CILOI	11		Office Sought			District			
6680	STYaTterd	Concerd	Tuf	Tres	Code					
City Concere	17.1				O	\mathcal{H}	440	77		
Type of Report	Pre-Primary	Post-Primary	T	Pre-General	X	Post-General		Annual Year		
(place X to the left of report type)	July Monthly	August Monthly	1	September Monthly		Termination		Semiannual		
					М		,D			
Amended Report?	No Report Electronically Fil			Election		/ 0	1 9 1			
For candidates only, during an el No other forms are required for a	lection year: if total contributions a a post-primary or post-general per	and expenditures each total \$500 o od, if above statement applies. See	or less duri e R.C. 351	ng the combined pre- an 7.10(H) for details.	d post-perio	ds at one elect	ion, check b	ox 🗆		
				1						
1	1. Amount brought forward from last report				191	65				
, ,										
<u></u>	2. Total monetary contribute	2. Total monetary contributions (From Form No. 31-A)				-				
<u> </u>	3. Total other income (From Form No. 31-A-2)									
<u> </u>	4. Total funds available (sum of lines 1, 2, 3)			s						
Z013 GEC	5. Total monetary expenditures (From Form No. 31-B)			s	491	65				
6. Balance on hand (line 4 minus line 5)				\$	0	/				
	7. Value of in-kind contribution	ons received (From Form No. 31-	\$							
	8. Value of in-kind contributions made (From Form No. 31-3-2)									
	\$									
	\$									
	11. Outstanding loans owed to	\$								
	12. Value of independent expe	s	_	<u>. </u>						
	13. For Electronic Filing Enti- Sum of lines 2, 7, and amo	s				•				
							N			
THE INFORMATION CONTA FALSIFICATION IS GUILTY	AINED IN THIS REPORT IS M OF A FELONY OF THE FIFT	ADE UNDER THE PENALTY OF THE DEGREE.	OF ELEC	TION FALSIFICATION	ON. WHOE	EVER COMM	HTS ELEC	TION		
		1//1/ u	M	\		12-	13-1	3		
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date										
			_		_	1				
Contribution pages	Expenditur page			Other pages			Total pages_	2		

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Hec to Elect Ma	/c) es de	·				.							
To Whom Paid Fifth Third Sind	Free	E	M	7 0	1	Y	Amount 5. E						
Address Purpose Lunk Foos													
Concerd - Branch	State Zip Code			Check Number									
To Whom Paid French of Lubetrum					M D Y 3 Amount 488.65								
Address Purpose Purpose													
City Les Ilcue h la	O State Zip Coday 4044			Check Number Bank Check									
To Whom Paid			М	I		Y	Amount						
Address Purpose													
City	State 	Zip Code	Check	Numb	er								
To Whom Paid	<u> </u>		М	I		Y	Amount						
Address					.•								
City	State	Zip Code	Check	Numb	er								
To Whom Paid	<u> </u>		М	I		Y	Amount						
Address	diress Purpose												
Спу	State	Zip Code	Check	Check Number									
To Whom Paid	<u> </u>		М	Í)	Y	Amount						
Address Purpose					<u>i </u>	<u> </u>							
City	State	Zip Code	Check	Numb	er								
To Whom Paid			М	7		Ÿ	Amount						
ddress Purpose													
City	State Zip Code			Numb	er								
To Whom Paid			М	1	7	Y	Amount						
Address	Purpose				.l								
City	State	Zip Code	Check	Numb	er								
						_							

Page Total \$ 4965