

Ohio Campaign Finance Report

Form 30-A

| 30AKD UF EL .BAN 20 2022 AM | ECTION 9:35 | | | | | | C | ORC 3517. | |
|---|---|---------------|-------------|------------------------------------|---------------|--------------------|-------------|------------------|--|
| Committee Name Coulson for Prosecutor Committee | | | | Office Sought Prosecuting Attorney | | | | District | |
| Street Address 10644 Prouty Road | City Concord | I | State OH | Zip 44077 | • | | | | |
| Candidate Name OR PAC Re Charles E. Coulson | ndidate Name OR PAC Registration Number harles E. Coulson | | | | Election Date | | | te (MM/DD/YYYY) | |
| Type of Report (choose | • | Post-Pr | rimary 🗌 | Pre-Genera | I 🔲 I | Post-Gene | eral | | |
| Statewide Candidates C July Monthly | | eptember Mon | thly | | | | Yea 202 | | |
| Amended Report T X No Yes [| ermination Check this box if the co | | | | | | | | |
| 1. Amount brought | forward from last report | | | 4 | ,803.54 | | | | |
| 2. Total monetary co | E) | , by | 0.00 | | | | | | |
| 3. Total other income (From Form 31-A-2) | | | | | | | | | |
| 4. Total funds availa | | 4,803.54 | | | | | | | |
| 5. Total monetary ex | F) | 0.00 | | | | > > 7 | | | |
| 6. Balance on hand | | 4,803.54 | | | | AUDITED AMEND LTR | | | |
| 7. Value of in-kind c | J-1) | 0.00 | | | | | | | |
| 8. Value of in-kind c |) | 0.00 | | | | | | | |
| 9. Outstanding loan | C) | 65,353.50 | | | | C 및 ' | | | |
| 10. Outstanding det | -N) | 0.00 | | | | ENTEREDCOMPLETED | | | |
| 11. Outstanding loa | ns owed to committee (F | From Form 31- | К) | 0.00 | | | | ETED_ | |
| 12. Value of indeper | 31-U) | 0.00 | | | | | | | |
| | S MADE UNDER PENAL'S ELECTION FALSIFICA | | | | HE FIF | TH DEGR | REE. | | |
| Signature of Treasurer or De | eputy Treasurer | | | | L | 1/13/ MM/DD/YYY | 2022 Y) | | |
| Contribution Pages 0 | Expenditure Pages 0 | Other 2 | Pages | Total P | ages | | Last Update | d 09/20 1 | |





Statement of Loans Received

Form 31-C

R.C. 3517.10

| Full Name of Committee Coulson for Prosecutor Co | ommittee | | | | | | | | |
|--|----------------------------------|------------------------------|----------------------------|--|-------------------|-------------------------------------|---|--|--|
| | JIIIII | | | | | | _ | | |
| From Whom Received Charles E. Coulson | | Prior Amount 65,353.50 | Amt. Incurred this 0.00 | Period | | | | | |
| Street Address 10644 Prouty Road | | | | *************************************** | | Outstanding Balar 65,353.50 | nce | | |
| City Concord Township | State OH | Zip Code 44077 | Loans Rec | eceived This Period Payments This Period | | | | | |
| Date Loan was Originally Incurred (MM/DD/YYYY) 08/30/1996 | | | Date of Loan (MM/I | DD/YYYY) | Amount | Date of Payment (MM | /DD/YYYY) Amount | | |
| gistration Number, if PAC | | | Date of Loan (MM/D | DD/YYYY) | Amount | Date of Payment (MM/DD/YYYY) Amou | | | |
| Employer/Occupation/Labor Organization* | | | Date of Loan (MM/D | DD/YYYY) | Amount | Date of Payment (MM | DD/YYYY) Amount | and the state of t | |
| From Whom Received | | *** | | | | Prior Amount | Amt. Incurred this | Period | |
| Street Address | | \ | | | | | Outstanding Balar | nce | |
| City | State | Zip Code | Loans Received This Period | | | Payments This Period | | | |
| Date Loan was Originally | Date of Loan (MM/DD/YYYY) Amount | | | Date of Payment (MM/DD/YYYY) Amount | | | | | |
| Registration Number, if PAC | | | Date of Loan (MM/DD/YYYY) | | Amount | Date of Payment (MM | (DD/YYYY) Amount | Amount | |
| Employer/Occupation/Labor Organization* | | | Date of Loan (MM/DD/YYYY) | | Amount | Date of Payment (MM/DD/YYYY) Amount | | | |
| Bullet in New York the American Control of the American Service (Control of the American Service (C | | | | | | <u> </u> | | | |
| Required for contributions from in name of the individual's business, aggregate of \$100, the labor organ | if any, rathe | er than employer s | should be listed. If two | o or more e | employees contrib | oute via payroll deduct | the occupation and the ion and exceed the | 16 | |
| a loan is forgiven, write "Forgive Form No. 31-A-2). Transfer total of Cover page (Form No. 30-A). | | | | | | | | те | |
| Fotal Prior Amount \$ 65,3 | 53.50 | | | | | | | | |
| Total Received This Period | | (also rec | ord on Form 31-A | -2) | | | | | |
| Total Payments Received t | | _ (also record on Form 31-B) | | | | | | | |
| Fotal Outstanding Balance \$ _65,353.50 | | | | (also reco | ord on Form 30-A |) | | | |