

# Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

08 JAN 31 AM 9:56

Full Name of Committee <b>Grubb for Judge Committee</b>		FRANKLIN COUNTY BOARD OF ELECTIONS Registration Number, if PAC	
Full Name of Candidate <b>Janet A. Grubb</b>			
Street Address <b>4062 Georgesville - Wrightville Rd.</b>		Office Sought <b>Judge - Franklin Municipal</b>	District
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43123</b>
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
		<input type="checkbox"/> Post-General	<input checked="" type="checkbox"/> Annual Year 2007
		<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election	M      D      Y

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 for 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	\$	\$2,540.46
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)	\$	\$2,540.46
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,400.00
6. Balance on hand (line 4 minus line 5)	\$	\$140.46
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
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.

**Nathan Akamine, Treasurer**

*Nathan Akamine*  
Signature

01/30/2008

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages 0

Expenditure pages 1

Other pages 0

Total pages 1

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Grubb for Judge Committee</b>												
To Whom Paid <b>Toure McCord (Correcting withdrawal for mistaken deposit by Mr. Mccord)</b>						M	D	Y	Amount <b>\$1,200.00</b>			
						0	5	2	3	0	7	
Address <b>844 S. Front St.</b>				Purpose <b>To correct mistaken deposit -- noted on previous year report.</b>								
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43206</b>		Check Number <b>Cash withdrawal</b>						
To Whom Paid <b>Franklin County Democratic Party</b>						M	D	Y	Amount <b>\$1,200.00</b>			
						0	6	1	2	0	7	
Address <b>271 E. State Street</b>				Purpose <b>2007 Party Investment</b>								
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43215</b>		Check Number <b>15</b>						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State <b>OH</b>		Zip Code		Check Number						