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Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

08 JUN 27 PM 12:23

Full Name of Committee Citizens for Stephanie McCloud						Registration Number of PAC FRANKLIN COUNTY BOARD OF ELECTIONS	
Full Name of Candidate Stephanie McCloud							
Street Address 14 East Gay St., 2nd Floor				Office Sought Treasurer		District Franklin Co.	
City Columbus				State OH		Zip Code 43215	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input checked="" type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	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		0 ^M	3	0 ^D
					4	0	8 ^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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$650.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$650.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$650.00
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.

Bradley K. Sinnott, Treasurer

Bradley K. Sinnott

6/27/08

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 0

Other pages 0

Total pages 1

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Stephanie McCloud											
Full Name of Contributor Lisa J. Conomy							Registration Number, if PAC				
Street Address 6162 Pirthshire St.				Employer/Occupation/Labor Organization* Buckingham, Doolittle & Burroughs, LLP/Partner				Form (Cash, Check, etc.) check			
City Dublin		State OH	Zip Code 43016		M 0	D 3	Y 1	Y 0	Y 0	Y 8	Amount \$250.00
Full Name of Contributor Arthur Wallis Shantz Jr.							Registration Number, if PAC				
Street Address 410 Belle Haven Pky				Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) check			
City Westerville		State OH	Zip Code 43082		M 0	D 3	Y 1	Y 0	Y 0	Y 8	Amount \$100.00
Full Name of Contributor Jerry D. Jordan							Registration Number, if PAC				
Street Address 795 Old Woods Rd.				Employer/Occupation/Labor Organization* Jordan Energy Inc./President				Form (Cash, Check, etc.) check			
City Columbus		State OH	Zip Code 43235		M 0	D 4	Y 0	Y 2	Y 0	Y 8	Amount \$300.00
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Y	Y	Y	Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]