

08 FEB 21 PM 1:11

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Committee to Elect Tim Horton for Judge							Registration Number, if PAC		
Full Name of Candidate Tim Horton									
Street Address Suite 700, 5 East Long Street						Office Sought Common Pleas Judge		District	
City Columbus						State O H		Zip Code 43215	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July Monthly		August Monthly		September Monthly		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		M 0 3	D 0 4	Y 0 8	

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	\$	3,870.79
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	3,870.79
5. Total monetary expenditures (From Form No. 31-B)	\$	1,649.67
6. Balance on hand (line 4 minus line 5)	\$	2,221.12
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)	\$	71.84
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.

Dorothy Crome
Dorothy Crome, Treasurer

Dorothy Crome
Signature

2-21-08
Date

Contribution pages 0

Expenditure pages 1

Other pages 2

Total pages 3

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Tim Horton for Judge												
To Whom Paid Tim Horton						M	D	Y	Amount			
						0	1	1	7	0	8	222.23
Address 4497 Flower Garden Drive			Purpose Reimbursement - Funds - Committee Breakfast & Dinner mee									
City New Albany		State O H	Zip Code 43054		Check Number 1120							
To Whom Paid Carlton Weddington for State Representative						M	D	Y	Amount			
						0	1	2	4	0	8	100.00
Address Suite 403, 85 East Gay Street			Purpose Fundraiser Contribution									
City Columbus		State O H	Zip Code 43215		Check Number 1121							
To Whom Paid Friends of John O'Grady						M	D	Y	Amount			
						0	1	3	0	0	8	500.00
Address P.O. Box 1355			Purpose Fundraiser Contribution									
City Columbus		State O H	Zip Code 43216		Check Number 1122							
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						0	1	3	0	0	8	500.00
Address 271 East State Street			Purpose Assessment									
City Columbus		State O H	Zip Code 43215		Check Number 1123							
To Whom Paid Tim Horton						M	D	Y	Amount			
						0	1	3	0	0	8	200.00
Address 4497 Flower Garden Drive			Purpose Reimbursement - Funds Expended - Committee Dinner									
City New Albany		State O H	Zip Code 43054		Check Number 1124							
To Whom Paid Tim Horton						M	D	Y	Amount			
						0	2	0	6	0	8	102.25
Address 4497 Flower Garden Drive			Purpose Reimbursement - Funds Expended - Committee Dinner									
City New Albany		State O H	Zip Code 43054		Check Number 1125							
To Whom Paid Tim Horton						M	D	Y	Amount			
						0	2	1	1	0	8	25.19
Address 4497 Flower Garden Drive			Purpose Reimbursement - Campaign lunch - Columbus Monthly									
City New Albany		State O H	Zip Code 43054		Check Number 1126							
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State	Zip Code		Check Number							

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee										
Committee to Elect Tim Horton for Judge										
To Whom Owed						Prior Amount		Amt. Incurred this Period		
Tim Horton						48.84				
Address						Item or Purpose for Debt		Outstanding Balance		
4497 Flower Garden Drive								48.84		
City				State		Zip Code		Payments Made This Period		
New Albany				OH		43054		Date Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
0 8 1 7 0 7										
Registration Number, if PAC						M	D	Y		
						M	D	Y		
To Whom Owed						Prior Amount		Amt. Incurred this Period		
Dorothy Crome						13.50				
Address						Item or Purpose for Debt		Outstanding Balance		
6933 Brockland Drive								13.50		
City				State		Zip Code		Payments Made This Period		
Reynoldsburg				OH		43068		Date Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
0 2 2 8 0 7										
Registration Number, if PAC						M	D	Y		
						M	D	Y		
To Whom Owed						Prior Amount		Amt. Incurred this Period		
Dorothy Crome						9.50				
Address						Item or Purpose for Debt		Outstanding Balance		
6933 Brockland Drive								9.50		
City				State		Zip Code		Payments Made This Period		
Reynoldsburg				OH		43068		Date Amount		
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
0 3 3 0 0 7										
Registration Number, if PAC						M	D	Y		
						M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 71.84 (also record on cover page)