

FILED

Ohio Campaign Finance Report

DEC 11 AM 10:28

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Barrows for Judge							Registration Number 123456789			
Full Name of Candidate Ted Barrows										
Street Address 4834 Sarasota Dr.					Office Sought Municiple Court Judge			District Franklin Co.		
City Hilliard							State O H	Zip Code 43026		
Type of Report (place X to the left of report type)	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 1 1	D 0 3	Y 0 9

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	\$	2,329.50
2. Total monetary contributions (From Form No. 31-A)	\$	4,595.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	6,924.50
5. Total monetary expenditures (From Form No. 31-B)	\$	30.00
6. Balance on hand (line 4 minus line 5)	\$	6,894.50
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)	\$	48,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
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

Ronald J. Hagan, Treasurer

Ronald J. Hagan
Signature

12/11/09
Date

Contribution pages 5

Expenditure pages 1

Other pages 4

Total pages 10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Barrows for Judge							
Full Name of Contributor See Attached Spreadsheet					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 850.00	
Full Name of Contributor Contributions from form 31-e					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 3,745.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	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 appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Barrows for Judge												
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						1	0	1	5	0	9	15.00
Address				Purpose Service Charge								
City		State		Zip Code		Check Number						
To Whom Paid Fifth Third Bank						M	D	Y	Amount			
						1	1	1	2	0	9	15.00
Address				Purpose Service Charge								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Barrows for Judge												
From Whom Received Ted Barrows						Prior Amount 53,175.00			Amt. Incurred this Period			
Address 4834 Sarasota Dr.									Outstanding Balance 48,000.00			
City Hilliard		State OH	Zip Code 43026			Loans Received This Period			Payments This Period			
						Date	Amount		Date	Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0 9		3	0	0	3							
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received						Prior Amount			Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code			Loans Received This Period			Payments This Period			
						Date	Amount		Date	Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received						Prior Amount			Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code			Loans Received This Period			Payments This Period			
						Date	Amount		Date	Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

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

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 53,175.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 48,000.00 (To Form No. 30-A)

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Barrows for Judge							
Full Name of Contributor See Attached Spreadsheet				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							3,745.00
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* 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 appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event
3,745.00

Total expenditures this event

Page Total \$ 3,745.00

Barrows for Judge
Gressos Fundraiser 2009

Full Name Contributor	Street Address	City	ST	Zip	Date	Pay Meth	Amount
RICHARD PIATT	713 S FRONT STREET	COLUMBUS	OH	43206	10/22/09	CHECK	\$100.00
SAMUEL SHAMANSKY	511 SOUTH HIGH STREET	COLUMBUS	OH	43215	10/22/09	CHECK	\$500.00
ROURKE AND BLUMENTHAL ATTY	495 S HIGH STREET STE 450	COLUMBUS	OH	43215	10/22/09	CHECK	\$100.00
							\$700.00
WILLIAM S IRELAND	85 LIBERTY ST	COLUMBUS	OH	43215	10/22/09	CHECK	\$100.00
KAREN HELD PHIPPS	85 LIBERTY ST	COLUMBUS	OH	43215	10/22/09	CASH	\$100.00
LEWIS DYE	555 S 3RD ST	COLUMBUS	OH	43215	10/22/09	CASH	\$50.00
SEAN MAXFIELD	825 S FRONT ST	COLUMBUS	OH	43206	10/22/09	CHECK	\$100.00
MARK SERROTT	502 S THIRD ST	COLUMBUS	OH	43215	10/22/09	CASH	\$50.00
ROBERT BARNHART	150 E MOUND ST	COLUMBUS	OH	43215	10/22/09	CHECK	\$50.00
NATHAN S AKAWMINE	844 S FRONT ST	COLUMBUS	OH	43206	10/22/09	CHECK	\$100.00
LUPER NEIDENTHAL & LOGAN LPA	50 W BROAD ST STE 1200	COLUMBUS	OH	43215	10/22/09	CHECK	\$50.00
DUSTIN GARRIS					10/22/09	CHECK	\$20.00
ADAM NEMANN	35 E LIVINGSTON AVE	COLUMBUS	OH	43215	10/22/09	CHECK	\$250.00
SHAW & MILLER	555 CITY PARK AVE	COLUMBUS	OH	43215	10/22/09	CHECK	\$140.00
CAPITAL CITY RECOVERY LLC	133 E LIVINGSTON AVE	COLUMBUS	OH	43215	10/22/09	CASH	\$60.00
MICHAEL PROBST	501 S HIGH ST	COLUMBUS	OH	43215	10/22/09	CHECK	\$50.00
LUFTMAN HECK & ASSOCIATES	580 E RICH ST	COLUMBUS	OH	43215	10/22/09	CHECK	\$250.00
BLAISE BAKER	600 S HIGH ST STE 201	COLUMBUS	OH	43215	10/22/09	CHECK	\$50.00
THE BAKER LAW GROUP	50 W BROAD ST STE 1814	COLUMBUS	OH	43215	10/22/09	CHECK	\$250.00
JEREMY DODGION	1188 S HIGH ST	COLUMBUS	OH	43206	10/22/09	CHECK	\$250.00
GERALD NOEL	857 S HIGH ST	COLUMBUS	OH	43206	10/22/09	CASH	\$50.00
COTA GARY TOBER ASSOC COUNSEL	1600 MCKINLEY AVE	COLUMBUS	OH	43222	10/22/09	CASH	\$50.00
JEFF MOORE	326 S HIGH ST	COLUMBUS	OH	43215	10/22/09	CASH	\$50.00
DAVE THOMAS	511 S HIGH ST	COLUMBUS	OH	43215	10/22/09	CHECK	\$200.00
GREG FINNERTY	85 EAST GAY ST SUITE 702	COLUMBUS	OH	43215	10/22/09	CHECK	\$75.00
BRIAN DUNCAN ATTY	600 S HIGH ST	COLUMBUS	OH	43215	10/22/09	CHECK	\$50.00
DAVID RIESER ATTY	844 S FRONT ST	COLUMBUS	OH	43206	10/22/09	CHECK	\$100.00
DOMINIC MANGO	713 S Front St	COLUMBUS	OH	43206	10/22/09	CHECK	\$50.00

