

# Ohio Campaign Finance Report

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Barrows for Judge</b>						Registration Number, if PAC			
Full Name of Candidate <b>Ted Barrows</b>									
Street Address <b>4834 Sarasota Dr.</b>					Office Sought <b>Municiple Court Judge</b>		District <b>Franklin Co.</b>		
City <b>Hilliard</b>					State <b>O H</b>		Zip Code <b>43026</b>		
Type of Report (place X to the left of report type)	Pre-Primary		<b>X</b> 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 <b>1 1</b>	D <b>0 4</b>	Y <b>0 3</b>

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	\$ 6,033.50
2. Total monetary contributions (From Form No. 31-A)	\$ 7,400.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 13,433.50
5. Total monetary expenditures (From Form No. 31-B)	\$ 3,557.00
6. Balance on hand (line 4 minus line 5)	\$ 9,876.50
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)	\$ 53,175.00
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**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

*Ronald J. Hagan*

6/12/09

Contribution pages 4

Expenditure pages 5

Other pages 3

Total pages 12

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Barrows for Judge</b>							
Full Name of Contributor <b>See Attached Spreadsheet</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount <b>1,850.00</b>	
Full Name of Contributor <b>Contributions from form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount <b>5,550.00</b>	
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	
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)]

BARROWS FOR JUDGE  
 POST PRIMARY 2009 CAMPAIGN REPORT  
 GENERAL CONTRIBUTIONS

NAME	ADDRESS	CITY	ST	ZIP	TYPE	DATE	AMOUNT
JAVITCH BLOCK & RATHBONE	1100 SUPERIOR AVE 19TH FL	CLEVELAND	OH	44114	CHECK	4/15/09	\$250.00 <b>\$250.00</b>
STANFORD APSELOFF	2740 W DUBLIN GRANVILLE RD	COLUMBUS	OH	43235	CHECK	4/20/09	\$200.00 <b>\$200.00</b>
VORYS SATER SEYMOUR & PEASE LLP	REG #OH109 52 E GAY ST	COLUMBUS	OH	43215	CHECK	4/27/09	\$1,000.00 <b>\$1,000.00</b>
MARTY ANDERSON	3409 RIVER SEINE ST	COLUMBUS	OH	43221	CHECK	5/5/09	\$50.00 <b>\$50.00</b>
JOHN H BATES ESQ	495 S HIGH ST SUITE 400	COLUMBUS	OH	43215	CHECK	5/11/09	\$100.00 <b>\$100.00</b>
JEANINE A HUMMER	1795 EDGEMONT RD	COLUMBUS	OH	43212	CHECK	5/5/09	\$50.00 <b>\$50.00</b>
ROSS & MIDIAN	577 SOUTH HIGH ST	COLUMBUS	OH	43215	CHECK	4/27/09	\$100.00
JOHN A LOGAN	4740 HAYDEN RUN RD	COLUMBUS	OH	43221	CHECK	4/30/09	\$100.00 <b>\$200.00</b>
							<b>\$1,850.00</b>

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Barrows for Judge</b>							
To Whom Paid <b>Fifth Third Bank</b>				M	D	Y	Amount
				0	1	1   3   0   9	8.00
Address		Purpose <b>Service Charge</b>					
City	State	Zip Code	Check Number				
To Whom Paid <b>Fifth Third Bank</b>				M	D	Y	Amount
				0	2	1   1   0   9	8.00
Address		Purpose <b>Service Charge</b>					
City	State	Zip Code	Check Number				
To Whom Paid <b>Fifth Third Bank</b>				M	D	Y	Amount
				0	3	1   1   0   9	8.00
Address		Purpose <b>Service Charge</b>					
City	State	Zip Code	Check Number				
To Whom Paid <b>Fifth Third Bank</b>				M	D	Y	Amount
				0	4	1   5   0   9	8.00
Address		Purpose <b>Service Charge</b>					
City	State	Zip Code	Check Number				
To Whom Paid <b>Expenditures from form 31-F</b>				M	D	Y	Amount
				0	4	2   6   0   9	3,525.00
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 <b>Barrows for Judge</b>												
From Whom Received <b>Ted Barrows</b>								Prior Amount <b>53,175.00</b>		Amt. Incurred this Period		
Address <b>4834 Sarasota Dr.</b>										Outstanding Balance <b>53,175.00</b>		
City <b>Hilliard</b>		State <b>OH</b>	Zip Code <b>43026</b>		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	\$
093003												
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 \$ 53,175.00 (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 <b>Barrows for Judge</b>							
Full Name of Contributor <b>See Attached Spreadsheet</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount <b>5,550.00</b>
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  
5,550.00

Total expenditures this event  
3,525.00

Page Total \$ 5,550.00



# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full												
Barrows for Judge												
To Whom Paid						M	D	Y	Amount			
Michael David Brown dba re:action llc						0	4	1	5	0	9	2,000.00
Address			Purpose									
613 Mohawk Street			Clippers Fundraiser Retainer Fee									
City		State		Zip Code		Check Number						
Columbus		O   H		43206		1062						
To Whom Paid						M	D	Y	Amount			
Michael David Brown dba re:action llc						0	4	3	0	0	9	1,525.00
Address			Purpose									
613 Mohawk Street			Clippers Fundraiser Tickets									
City		State		Zip Code		Check Number						
Columbus		O   H		43206		1061						
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						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.