

FILED

Ohio Campaign Finance Report

09 OCT 22 PM 2:07

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Barrows for Judge							Registration Number, if PAC			
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	D	Y
						1 1 0 3 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	\$	9,868.50
2. Total monetary contributions (From Form No. 31-A)	\$	2,050.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	11,918.50
5. Total monetary expenditures (From Form No. 31-B)	\$	9,589.00
6. Balance on hand (line 4 minus line 5)	\$	2,329.50
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	66.12
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	\$	

Quid 12/09

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

10/22/2009

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 4

Expenditure pages 2

Other pages 6

Total pages 12

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 2,050.00	
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		
						0	6	1	0	9	8.00
Address				Purpose Service Charge							
City		State		Zip Code		Check Number					
To Whom Paid Ronald J. Hagan CPA LLC						M	D	Y	Amount		
						0	6	2	2	9	1,375.00
Address 480 S Third St.				Purpose Accounting Service							
City Columbus		State OH		Zip Code 43215		Check Number 1063					
To Whom Paid Fifth Third Bank						M	D	Y	Amount		
						0	7	1	0	9	8.00
Address				Purpose Service Charge							
City		State		Zip Code		Check Number					
To Whom Paid Transfer from form 31-C						M	D	Y	Amount		
						0	7	2	3	9	5,175.00
Address				Purpose							
City		State		Zip Code		Check Number					
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount		
						0	7	2	9	9	3,000.00
Address 271 East State Street				Purpose Contribution							
City Columbus		State OH		Zip Code 43215		Check Number 1066					
To Whom Paid Fifth Third Bank						M	D	Y	Amount		
						0	8	1	2	9	8.00
Address				Purpose Service Charge							
City		State		Zip Code		Check Number					
To Whom Paid Fifth Third Bank						M	D	Y	Amount		
						0	9	1	1	9	15.00
Address				Purpose							
City		State		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City		State		Zip Code		Check Number					

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Barrows for Judge			
Full Name of Contributor Kegler Brown Hill & Ritter		Employer, Occupation, Labor Organization *	Registration Number, if PAC CP648
Street Address 65 East State St Suite 1800		Description of Item or Service Reception	M D Y Fair Market Value 0 8 1 9 0 9 66.12
City Columbus		State Zip Code OH 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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Statement of Loans Received

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Full Name of Committee Barrows for Judge															
From Whom Received Ted Barrows							Prior Amount 53,175.00		Amt. Incurred this Period (5,175.00)						
Address 4834 Sarasota Dr.									Outstanding Balance 48,000.00						
City Hilliard		State OH	Zip Code 43026		Loans Received This Period Date Amount			Payments This Period Date Amount							
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$			
		0	9	3	0	0	3		0	7	2	3	0	9	5,175.00
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 Date Amount			Payments This Period 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 Date Amount			Payments This Period 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				

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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 \$ 5,175.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 48,000.00 (To Form No. 30-A)