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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

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		Post-Primary		X Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination		Semianual	
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 3</b>	Y <b>0 9</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	\$ 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	\$

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

**10/22/2009**  
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

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 <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>2,050.00</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	

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

# 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 <b>(5,175.00)</b>						
Address <b>4834 Sarasota Dr.</b>										Outstanding Balance <b>48,000.00</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	\$				
		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				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 \$ 5,175.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 48,000.00 (To Form No. 30-A)

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

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

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