

Ohio Campaign Finance Report

Prescribed by Secretary of State 2/01

S.
FILED


Full Name of Committee SWGA-EPAC		Registration Number 11-37	
Full Name of Candidate		FRANKLIN COUNTY BOARD OF ELECTIONS	
Street Address 4074 Hoover Rd Suite 201		Office Sought	District
City Grove City		State OH	Zip Code 43123
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General
	<input type="checkbox"/> Special	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Election	Annual Year
		11 ^M 03 ^D	09 ^Y

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 for 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	\$	5859.30
2. Total monetary contributions (From Form No. 31-A)	\$	3147.55
3. Total other income (From Form No. 31-A-2)	\$.
4. Total funds available (sum of lines 1, 2, 3)	\$	9005.85
5. Total monetary expenditures (From Form No. 31-B)	\$	4448.00
6. Balance on hand (line 4 minus line 5)	\$	4557.85
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)	\$.
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.

KEVIN LANGEN
Print Name and Title (Treasurer and Deputy Treasurer only)


Signature

10-26-09
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages 6

Statement of Contributions Received

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Name of Committee in Full										
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			
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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, occupation 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 also appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

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Name of Committee in Full SWEA-EPAC											
To Whom Paid Cathy Johnson							M	D	Y	Amount	
Address 7475 Opposum Run Rd							102007				2000
Purpose monetary donation											
City London			State OH	Zip Code 43140	Check Number 1054						
To Whom Paid Edward Palmer							M	D	Y	Amount	
Address 6382 Wahl Ct							100909				2,000
Purpose Monetary donation											
City Grove City			State OH	Zip Code 43123	Check Number 1052						
To Whom Paid Watkins Printing = Dover, Johnson, Palmer Cards							M	D	Y	Amount	
Address 1401 E 17th Ave							100909				448 ⁰⁰
Purpose Printed Endorsed Candidates Cards											
City Col			State OH	Zip Code 43211	Check Number 1053						
To Whom Paid Grove City Finance = Dover, Johnson, Palmer							M	D	Y	Amount	
Address Postage							102009				210 ⁰⁰
Purpose Postage											
City Grove City			State OH	Zip Code 43123	Check Number 1055						
To Whom Paid							M	D	Y	Amount	
Address											
City			State	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount	
Address											
City			State	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount	
Address											
City			State	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount	
Address											
City			State	Zip Code	Check Number						