

Ohio Campaign Finance Report FILED

Prescribed by Secretary of State 3/05

10 JUL 30 AM 9:58

FRANKLIN COUNTY
BOARD OF ELECTIONS

| | | | | | | | | | | | | | | | | |
|---|-------------------------------------|--|--------------------------|------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------|---|---|---|---|---|---|
| Full Name of Committee Citizens for Stephanie McCloud | | | | | | Registration Number, if PAC | | | | | | | | | | |
| Full Name of Candidate Stephanie McCloud | | | | | | | | | | | | | | | | |
| Street Address 14 East Gay St., 2nd Floor | | | | | | Office Sought Treasurer | | | | District Franklin Co. | | | | | | |
| City Columbus | | | | | | State OH | | Zip Code 43215 | | | | | | | | |
| Type of Report (place X to the left of report type) | <input type="checkbox"/> | Pre-Primary | <input type="checkbox"/> | Post-Primary | <input type="checkbox"/> | Pre-General | <input type="checkbox"/> | Post-General | <input type="checkbox"/> | Annual Year | | | | | | |
| | <input checked="" type="checkbox"/> | July Monthly | <input type="checkbox"/> | August Monthly | <input type="checkbox"/> | September Monthly | <input type="checkbox"/> | Termination | <input checked="" type="checkbox"/> | 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 | | | | 1 | M | 1 | D | 0 | 4 | 0 | Y | 8 |

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 | \$ | \$14,802.58 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | \$0.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | \$0.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | \$14,802.58 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | \$245.00 |
| 6. Balance on hand (line 4 minus line 5) | \$ | \$14,557.58 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | \$0.00 |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ | \$0.00 |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ | \$0.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ | \$0.00 |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ | \$500.00 |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ | \$0.00 |
| 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.

Bradley K. Sinnott

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Bradley K. Sinnott 7/27/10

Contribution pages 0

Expenditure pages 1

Other pages 1

Total pages 2

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | M | D | Y | Amount |
|--------------------------------|--|-------|---------------------|--------------|--|---|---|---|----------|
| Citizens for Stephanie McCloud | | | | | | 0 | 1 | 3 | \$245.00 |
| To Whom Paid | | | Purpose | | | | | | |
| Suzanne E. Marshall | | | accounting services | | | | | | |
| Address | | State | Zip Code | Check Number | | | | | |
| 260 N. Cassady Ave. | | OH | 43209 | 1026 | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| Purpose | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| Columbus | | OH | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| Purpose | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| | | OH | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| Purpose | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| | | OH | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| Purpose | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| | | OH | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| Purpose | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| | | OH | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| Purpose | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| | | OH | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| Purpose | | | | | | | | | |
| City | | State | Zip Code | Check Number | | | | | |
| | | OH | | | | | | | |

Statement of Loans Made

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|---|--|--|--------------------|--------------------------|--|-------------------------------|---|--|----|
| Full Name of Committee Citizens for Stephanie McCloud | | | | | | | | | |
| To Whom Made Committee to Elect Brad McCloud | | | | | | Prior Amount \$0.00 | | Amt. Loaned this Period \$500.00 | |
| Address 52 East Gay St. | | | | | | | | Outstanding Balance \$500.00 | |
| City Columbus | | | State OH | Zip Code 43215 | | Payments Received This Period | | | |
| | | | | | | Date | | Amount | |
| Date Loan was Originally Made | | | | | | M | D | Y | \$ |
| | | | | | | 0 | 8 | 0 | 4 |
| | | | | | | 0 | 4 | 0 | 9 |
| | | | | | | M | D | Y | |
| | | | | | | M | D | Y | |
| To Whom Made | | | | | | Prior Amount | | Amt. Loaned this Period | |
| Address | | | | | | | | Outstanding Balance | |
| City | | | State | Zip Code | | Payments Received This Period | | | |
| | | | | | | Date | | Amount | |
| Date Loan was Originally Made | | | | | | M | D | Y | \$ |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | M | D | Y | |
| | | | | | | M | D | Y | |
| To Whom Made | | | | | | Prior Amount | | Amt. Loaned this Period | |
| Address | | | | | | | | Outstanding Balance | |
| City | | | State | Zip Code | | Payments Received This Period | | | |
| | | | | | | Date | | Amount | |
| Date Loan was Originally Made | | | | | | M | D | Y | \$ |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | M | D | Y | |
| | | | | | | M | D | Y | |

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

Total Loans this Period \$ \$500.00 (also record on Form 31-B)

Total Outstanding Balance \$ \$500.00 (also record on cover page)

Total Payments Received this Period \$ \$0.00 (also record on Forms 31-A-2)