

AMENDED

FILED

Ohio Campaign Finance Report

10 AUG 23 PM 1:37
FRANKLIN COUNTY
BOARD OF ELECTIONS

Prescribed by Secretary of State 3/05

Full Name of Committee Committee for Dewey Stokes						Registration Number, if PAC			
Full Name of Candidate									
Street Address 750 Willow Bend Lane					Office Sought		District		
City Columbus					State O H		Zip Code 43204		
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	Annual Year
	<input checked="" type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input checked="" type="checkbox"/>	Termination	<input checked="" type="checkbox"/>
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	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 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	\$	878.93	✓
2. Total monetary contributions (From Form No. 31-A)	\$	45.07	✓
3. Total other income (From Form No. 31-A-2)	\$	125.00	✓
4. Total funds available (sum of lines 1, 2, 3)	\$	1,049.00	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	1,049.00	✓
6. Balance on hand (line 4 minus line 5)	\$	0.00	
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

Patrick Pickett, Treasurer

[Signature]

8/23/10

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 2

Expenditure pages 2

Other pages 10

Total pages 14

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Dewey Stokes							
Full Name of Contributor Dewey R. Stokes						Registration Number, if PAC	
Street Address 750 Willow Bend Lane				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43204	M 0 4	D 1 6	Y 1 0	Amount 45.07
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)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Dewey Stokes						Registration Number, if PAC				
Full Name Check 1728 had never cleared at time of account closing - stopped payment						Registration Number, if PAC				
Address		Type*	M	D	Y	Amount				
		I N	0	4	1	6	1	0	125.00	
City		State	Zip Code		Form(Cash,Check,etc)					
Full Name						Registration Number, if PAC				
Address						Type*	M	D	Y	Amount
City						State	Zip Code		Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC				
Address						Type*	M	D	Y	Amount
City						State	Zip Code		Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC				
Address						Type*	M	D	Y	Amount
City						State	Zip Code		Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC				
Address						Type*	M	D	Y	Amount
City						State	Zip Code		Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC				
Address						Type*	M	D	Y	Amount
City						State	Zip Code		Form(Cash,Check,etc)	
Full Name						Registration Number, if PAC				
Address						Type*	M	D	Y	Amount
City						State	Zip Code		Form(Cash,Check,etc)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Committee for Dewey Stokes													
To Whom Paid							M	D	Y	Amount			
Franklin County Republican Party							0	1	2	1	0	100.00	
Address				Purpose									
14 E. Gay St.				Contribution									
City			State	Zip Code	Check Number								
Columbus			O	H	43215	1725							
To Whom Paid							M	D	Y	Amount			
King Arts Complex							0	2	1	6	1	0	75.00
Address				Purpose									
867 Mt. Vernon Ave.				Event Donation									
City			State	Zip Code	Check Number								
Columbus			O	H	43203	1726							
To Whom Paid							M	D	Y	Amount			
N.R.A.							0	2	1	2	1	0	55.00
Address				Purpose									
P.O. Box 420648				Membership									
City			State	Zip Code	Check Number								
Palm Coast			F	L	32142-0648	1727							
To Whom Paid							M	D	Y	Amount			
Knights of Columbus*							0	2	2	5	1	0	125.00
Address				Purpose									
212 E. Broad St.				Donation									
City			State	Zip Code	Check Number								
Columbus			O	H	43215	1728							
To Whom Paid							M	D	Y	Amount			
FOP CCL#9 Foundation							0	3	0	8	1	0	150.00
Address				Purpose									
6800 Schrock Hill Court				Donation									
City			State	Zip Code	Check Number								
Columbus			O	H	43229	1729							
To Whom Paid							M	D	Y	Amount			
Stand Up Columbus							0	3	1	6	1	0	50.00
Address				Purpose									
1965 Lakeshore Dr.				Donation									
City			State	Zip Code	Check Number								
Columbus			O	H	43204	1730							
To Whom Paid							M	D	Y	Amount			
Shamrock Club							0	3	2	1	1	0	75.00
Address				Purpose									
60 W. Castle				Donation/ Ad									
City			State	Zip Code	Check Number								
Columbus			O	H	43215	1731							
To Whom Paid							M	D	Y	Amount			
Kasich/Taylor for Ohio							0	3	3	1	1	0	200.00
Address				Purpose									
P.O. Box 06590				Contribution									
City			State	Zip Code	Check Number								
Columbus			O	H	43206	1732							

*Check 1728 did not clear bank by date of account close. See Form 31B.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Dewey Stokes													
To Whom Paid Stivers for Congress							M	D	Y	Amount			
							0	4	0	5	1	0	200.00
Address 211 South 5th St.				Purpose Contribution									
City Columbus		State OH		Zip Code 43215		Check Number 1733							
To Whom Paid U.S. Bank							M	D	Y	Amount			
							0	4	1	6	1	0	19.00
Address				Purpose Overdraft Charge									
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							
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							