

FILED

# Ohio Campaign Finance Report

10 JUL 29 AM 10:32

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS  
Registration Number, if PAC

Full Name of Committee <b>Committee for Dewey Stokes</b>							Registration Number, if PAC			
Full Name of Candidate										
Street Address <b>750 Willow Bend Lane</b>						Office Sought		District		
City <b>Columbus</b>						State <b>O H</b>		Zip Code <b>43204</b>		
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		<input checked="" type="checkbox"/> Termination		<input checked="" type="checkbox"/> Semiannual <b>2010</b>	
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input 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)	\$	
3. Total other income (From Form No. 31-A-2)	\$	170.07
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

*Patrick Pickett*  
Signature

9-29-10  
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution  
pages 1

Expenditure  
pages 2

Other  
pages 10

Total  
pages 13

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee for Dewey Stokes</b>						
Full Name <b>Check 1728 had never cleared at time of account closing - stopped payment</b>				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
	I N		0	4	16	10
						125.00
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name <b>Dewey Stokes*</b>				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
750 Willow Bend Lane	I N		0	4	16	10
						45.07
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43204	Check			
*Account overdrawn at time of closing. Personal check written to cover charges.						
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		<input type="radio"/> O <input checked="" type="radio"/> H	43215	1725							
To Whom Paid						M	D	Y	Amount		
King Arts Complex						0	2	1	6	0	75.00
Address			Purpose								
867 Mt. Vernon Ave.			Event Donation								
City		State	Zip Code	Check Number							
Columbus		<input type="radio"/> O <input checked="" type="radio"/> H	43203	1726							
To Whom Paid						M	D	Y	Amount		
N.R.A.						0	2	1	2	0	55.00
Address			Purpose								
P.O. Box 420648			Membership								
City		State	Zip Code	Check Number							
Palm Coast		<input type="radio"/> F <input checked="" type="radio"/> L	32142-0648	1727							
To Whom Paid						M	D	Y	Amount		
Knights of Columbus*						0	2	2	5	0	125.00
Address			Purpose								
212 E. Broad St.			Donation								
City		State	Zip Code	Check Number							
Columbus		<input type="radio"/> O <input checked="" type="radio"/> H	43215	1728							
To Whom Paid						M	D	Y	Amount		
FOP CCL#9 Foundation						0	3	0	8	0	150.00
Address			Purpose								
6800 Schrock Hill Court			Donation								
City		State	Zip Code	Check Number							
Columbus		<input type="radio"/> O <input checked="" type="radio"/> H	43229	1729							
To Whom Paid						M	D	Y	Amount		
Stand Up Columbus						0	3	1	6	0	50.00
Address			Purpose								
1965 Lakeshore Dr.			Donation								
City		State	Zip Code	Check Number							
Columbus		<input type="radio"/> O <input checked="" type="radio"/> H	43204	1730							
To Whom Paid						M	D	Y	Amount		
Shamrock Club						0	3	2	1	0	75.00
Address			Purpose								
60 W. Castle			Donation/Ad								
City		State	Zip Code	Check Number							
Columbus		<input type="radio"/> O <input checked="" type="radio"/> H	43215	1731							
To Whom Paid						M	D	Y	Amount		
Kasich/Taylor for Ohio						0	3	3	1	0	200.00
Address			Purpose								
P.O. Box 06590			Contribution								
City		State	Zip Code	Check Number							
Columbus		<input type="radio"/> O <input checked="" type="radio"/> 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 <b>Committee for Dewey Stokes</b>												
To Whom Paid <b>Stivers for Congress</b>						M	D	Y	Amount			
						0	4	0	5	1	0	200.00
Address <b>211 South 5th St.</b>				Purpose <b>Contribution</b>								
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43215</b>		Check Number <b>1733</b>						
To Whom Paid <b>U.S. Bank</b>						M	D	Y	Amount			
						0	4	1	6	1	0	19.00
Address				Purpose <b>Overdraft Charge</b>								
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						