

# FOR PAPER FILING ONLY

## Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee						Registration Number, if PAC			
Full Name of Candidate									
Street Address				Office Sought			District		
City						State	Zip Code		
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 type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	Semiannual
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 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	\$	.
2. Total monetary contributions (From Form No. 31-A)	\$	.
3. Total other income (From Form No. 31-A-2)	\$	.
4. Total funds available (sum of lines 1, 2, 3)	\$	.
5. Total monetary expenditures (From Form No. 31-B)	\$	.
6. Balance on hand (line 4 minus line 5)	\$	.
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.**

Print Name and Title (Treasurer and Deputy Treasurer only) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Contribution pages _____
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Expenditure pages _____
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Other pages _____
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Total pages _____
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**Elect Esrati Donations FORM 31-A APR-19-JUN 7 2013**

Donor Name	Payment Type	Receive Date	Fee Amount	Amount	Street Address	City	State/Province
KEMMET, CURTIS	Cash	4/22/13		\$40.00	31 PARK DR	DAYTON	Ohio
Lawrence, David	Cash	4/25/13		\$50.00	306 Pauly Dr	Clayton	Ohio
Hunter, Greg	Credit Card	4/30/13	\$3.20	\$100.00	2512 Hackney Dr.	Dayton	Ohio
DYER, BRIEN	Credit Card	5/6/13	\$3.20	\$100.00	101 BONNER ST	DAYTON	Ohio
HARRINGTON, KEVIN	Check	5/9/13		\$200.00	112 E 3RD ST	DAYTON	Ohio
Van Allen, Pat & Mack	Credit Card	5/9/13	\$3.20	\$100.00	220 Kimbary Dr	Centerville	Ohio
Kuntz, Bill	Check	5/21/13		\$10.00	India St	Nantucket Island	Massachusetts
Bonilla, Michael	Cash	5/24/13		\$20.00	2242 English Oak Ct	Miamisburg	Ohio
			\$9.60	\$620.00			

# FOR PAPER FILING ONLY

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
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					
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					

# FOR PAPER FILING ONLY

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
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					
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					

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## In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]

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31-N  
R.C. 3517.10

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## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee									
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			Sta te		Zip Code			<b>Payments This Period</b>	
<b>Date Debt was originally Incurred</b>					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			Sta te		Zip Code			<b>Payments This Period</b>	
<b>Date Debt was originally Incurred</b>					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			Sta te		Zip Code			<b>Payments This Period</b>	
<b>Date Debt was originally Incurred</b>					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			Sta te		Zip Code			<b>Payments This Period</b>	
<b>Date Debt was originally Incurred</b>					Date			Amount	
					M	D	Y	\$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ \_\_\_\_\_ (also record on Form 31-B)

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