

Ohio Campaign Finance Report

TERMINATED

Prescribed by Secretary of State 3/05

Full Name of Committee RE-ELECT TULLEY				Registration Number, if PAC			
Full Name of Candidate Janet A TULLEY							
Street Address 1257 BERKSHIRE DR.				Office Sought Council-at-Large		District Macedonia	
City Macedonia				State OH		Zip Code 44056	
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 checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input checked="" type="checkbox"/> Termination	<input type="checkbox"/> 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 1 1 0 7 Y 1 7	

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	\$	0 00
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)	\$	0 00
5. Total monetary expenditures (From Form No. 31-B)	\$	0 00
6. Balance on hand (From 4 minus line 5)	\$	0 00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	11 69
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)	\$	0 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.	\$	

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SUMMIT COUNTY
BOARD OF ELECTIONS**

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.

Greg Tulley / Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Greg Tulley
Signature

11-20-17
Date

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages _____
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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
RE-ELECT TULLEY			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Janet A Tulley	AT&T		
Street Address	Description of Item or Service	M	D Y Fair Market Value
1257 BERKSHIRE DR	stickers	1	110317 11.69
City	State Zip Code	Received at Fundraising Event?	
Macedonia	OH 44056	<input type="radio"/> YES <input checked="" type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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)]