

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Clay for Council		Registration Number, if PAC	
Full Name of Candidate David J Clay			
Street Address 639 Cherokee Rd		Office Sought City Council	District Ward 2
City Chillicothe		State OH	Zip Code 45601
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"/> Termination
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input 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 11/03/15	

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	\$	461	78
2. Total monetary contributions (From Form No. 31-A)	\$	0	
3. Total other income (From Form No. 31-A-2)	\$	0	
4. Total funds available (sum of lines 1, 2, 3)	\$	461	\$078
5. Total monetary expenditures (From Form No. 31-B)	\$	119	73
6. Balance on hand (line 4 minus line 5)	\$	342	05
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0	
12. Value of independent expenditures made (From Form No. 31-U)	\$	0	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

Report is: **jm**
OK: **NEEDS INFO / AMENDED IN CFS**
SCANNED FOR ONLINE

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.

Gayle S. Smith
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

7-29-16
00/00/0000
Date

Contribution pages _____

Expenditure pages **1**

Other pages _____

Total pages **2**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Clay For Council										
To Whom Paid David Clay							M	D	Y	Amount
Address 639 Cherokee							12	19	15	26.08
City Chilli							Purpose Facebook Ads 10/6-10/29		Check Number 1020	
State OH							Zip Code 45601			
To Whom Paid David Clay							M	D	Y	Amount
Address 639 Cherokee							12	19	15	16.41
City Chilli							Purpose Facebook AD 10/2-11/3		Check Number 1021	
State OH							Zip Code 45601			
To Whom Paid Stefani Clay							M	D	Y	Amount
Address 639 Cherokee							12	19	15	42.24
City Chilli							Purpose Reimbursement for Candy for Halloween Party		Check Number 1022	
State OH							Zip Code 45601			
To Whom Paid Oh Ethics Commission							M	D	Y	Amount
Address Cell, Ohio							03	13	16	35.00
City Cell, Ohio							Purpose Financial Disclosure Payment		Check Number ACH	
State OH							Zip Code			
To Whom Paid							M	D	Y	Amount
Address										
City							State OH		Zip Code	
To Whom Paid							M	D	Y	Amount
Address										
City							State OH		Zip Code	
To Whom Paid							M	D	Y	Amount
Address										
City							State OH		Zip Code	
To Whom Paid							M	D	Y	Amount
Address										
City							State OH		Zip Code	