30-A R.C. 3517.10

Ohio Campaign Finance Report

Full Name of Committee							-	Registration	on Number, if PAC
		cour	NeIL					, and the second	
Full Name of Candidate	ey for							<u>. </u>	
LISA	CROS Sugar	LEY			·				
Street Address	SUGA	e MAD	VE DR			e Sought 17Y CO	(0 1) 4		District
City						777 00	St		ip Code
KETT	ERNG						ОН		45440
Type of Report	Pre-Pri	mary	Post-Primary		Pre-G	eneral		Post-Gener	Annual Year
(place X to the left of re- type)	July Monthl	v	August Monthly		Septe		同	Terminatio	Semiannual
		Electronically File					, M		D Y
Amended Report?	ies wo Report	Electronically FII	ea? Was Ves Valle	10	ate of Electio		1/	/	082011
For candidates only, during No other forms are require							post-peri	ods at one el	ection, check box
								,	•
*	1. Amount br	ought forward fr	om last report		s		0	00	
	Z. Total mone	tary contribution	is (From Form No. 31	-A)	S	lel	247	95	·
	3. Total other	income (From F	orm No. 31-A-2)	Test de	s			12	70
	4. Total funds	avallable (sum o	flines 1, 2, 3)		s		\$0	00	RECEIVED 2011 OCT 27 PM 1:55 50AND_OF ELECTIONS
		`		i de la companya di salah di s					
	5. Total mone	ary expenditure:	(From Form No. 31-	В)	S	18	212	15	
	6. Balance on	hand (line 4 min	us line 5)		s				7 1
			100					Total of the control	RECEIVED OCT 27 PM 1:
	7. Value of in-	kind contribution	as received (From For	m No. 31-J-1)	\$	<u> </u>	<u>:</u>		
	8. Value of in-	kind contribution	ıs made (Prom Form	No. 31-J-2)	s	2	55	ವ೦	· 55
	9 Outriending	lasse awad by c	ommittee (From Fors	Na 31 275	s		-		
	2. ORGANIA	; toates owen by c	ommittee (From Fort	u 100.51-64	•		0	•	
	10. Quistandin	g debts owed by	committee (From For	m No.31-N)	s				
	11. Outstandin	g loans owed to c	omnittee (From For	n No. 31-K)	s		0		
				1.00					
		· ·	ditures made (From F	orm No. 31+U)	S				
		nic Filing Entitle s 2, 7, and amou	s only nt of any new loans re	ceived this per	iod S				
HE INFORMATION CO ALSIFICATION IS GUID				NALTY OF EI	ECTION	LSIFICATION	. WHOE	VER COM	MITS ELECTION
	•		March	hon our	Ant	Sich		00/	00/0000
rint Name and Title (Treasi	rer and Deputy Treasu	rer only)	Signature	, urio	ruco				Date
	•		1						
Contribution		Expenditure		Γ	Other				Total
pages		pages_			pages				pages0

3	1-	A		
F	ŁC.	351	7.1	0

Statement of Contributions Received

	_	-1			
	rage	 _		_	
-		 	_	_	_

Prescribed by Secretary of State 03/05

Name of Committee in Full CROSLEY FOR COUR	UC 14			
Full Name of Contributor			Registration Number, if P.	AC
Jashua CROSLEY	,		<u> </u>	m (0.) (1.)
5311 HIMES LANC	Employer/Occupa	tion/Labor Organization		Form (Cash, Check) etc.)
PAYFON OI	State	Zip Code 45439	092611	/000 00
Full Name of Contributor			Registration Number, if P	
BILL BROAD			·	
Street Address	Employer/Occupe	tion/Labor Organization*		Form (Cash, Check, etc.)
4233 MURRELL DR	State	IZin Code	TM THIN	Amount 00
KETTERING	OH	Zip Code 45429	092711	200
Full Name of Contributor			Registration Number, if PA	AC .
LISA CROSLEY Street Address	P1 10	No. 17 a No. Committee 1		Form (Cash, Check etc.)
201 WINDING WAY	Employer/Occupa	tion/Labor Organization	·	Total (out fries)
City	State	Zip Code	M D Y	Amount
KETTERING Full Name of Contributor	OH	45429	070611 Registration Number, if PA	1550
KATHY NEIHEISEL			rogadinari (Carloss, 111	
Stroot Address 348 CANTERBURY	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)
City KETTERING	State OH-	Zip Code 45429	M D Y	Amount \sim
Full Name of Contributor JOYCE BROWNELL			Registration Number, if PA	C
Street Address	Te 1 6	Non-Mark and Company and the St.		Form (Cash/Check, etc.)
3179 RIDGEWAY		tion/Labor Organization	i	()
DAYTON	State OH	Zip Code 45419	10111	200 ⁹⁹
Full Name of Contributor JOSHUA CROSLEY			Registration Number, if PA	C
Stroot Address			<u> </u>	Form (Cash/Check) etc.)
5311 HIMES LN.	Employer/Occupat	tion/Labor Organization*		ram (came came)
City DAY FON	State OH	2ip Code 45429	102411	Amount 00
Full Name of Contributor TOM THCKSON	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PA	C
Street Address	TR. 1	·		Form (Cash, Check, etc.)
300 LAURELANN	nampaoyen/Occuper	ion/Labor Organization		Form (Cash, Check, etc.)
ar KETTERNG	State O/+	Zip Code 45429	092611	Amount /00
Full Name of Contributor PATSY 11 H P 16			Registration Number, if PA	C
PATSY UHRIG Street Address	Employee	ion/Labor Organization	<u> </u>	Form (Cash, Check etc.)
5419 W 2674	тыщиоучи оссирал	ON THOSE OF STREET		
IN DIANAPOLIS	State / /	2ip Code 46224	M D Y () ()	Amount 50

Page Total \$ 4800

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 also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CROSCEY FOR COUNC	14					
Full Name of Contributor			Registr	ation Nu	mber, if	PAC
Strong Address			L			
A .	Employer/Occup	ation/Labor Organization	-			Form (Cash, Check, etc.)
3639 ELMIRA PR	↓					
City KETTERING	State	Zip Code 4 S Y	M		, ⁽ ,)	Amount 50
Full Name of Contributor	100		Registra	stion Nu	mber, if I	
JOSHUA CROSLEY Stroot Address						
	Employer/Occupe	ntion/Labor Organization				Form (Cash, Check) etc.)
5311 HIMES LN.						
City	State	Zip Code 45429	M	P	Y	Amount 30
Pull Name of Contributor	OH	1 43491		24	1111	1500
MARY PARLIN			Registre	ation Nu	nber, if F	AC
Street Address 329 LEWISTON RD.	Employer/Occupe	tion/Labor Organization*				Form (Cash, Check, etc.)
City LETTERING	State	Zip Code 45429	MO	1 (Y	Amount 60
Full Name of Contributor CONNIE BAUER			Registra	tion Nu	nber, if P	
Street Address	Employer/Occupe	tion/Labor Organization*				Form (Cash) Check, etc.)
163 14 H7 H H1/1				- 	T 37	
KETTERING	State O (+	Zip Code	M		Y	Amount 150°°
Full Name of Contributor			Registra	tion Num	aber, if P	
WILLIAM KREBS Street Address			<u></u>			
1203 HIGHLAND AUE	Employer/Occupat	tion/Labor Organization				Form (Cash Check) etc.)
City DAY TON	State O (+	Zip Code 45410	M	D	Y	Amount 50°
Full Name of Contributor	0.17		Registra	tion Nun	iber, if P	
JIM SmITH Stroot Address			i			
	Employer/Occupat	ion/Labor Organization				Form (Cash, Check, Setc.)
SSIT ANNE LADE					,	
CENTERVILLE	State O(+	Zip Code 4 S 4 5 9	10	26	1	Amount 47, 95
Full Name of Contributor	<u> </u>		Registra	tion Nun	ber, if P	/C
Street Address	Employer/Occupat	ion/Labor Organization	٠			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	<u> </u>	**************************************	Registrat	ion Num	ber, if P	VC .
Street Address	Frankryset Income	ion/Labor Organization	<u> </u>			Form (Cash, Check, etc.)
	rentuches/coording	CANTON CIBUTISATION				, ,
City	State	Zip Code	М	D	Y	Amount
		L				

Page Total \$ 1847

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 aganization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

In-Kind Contributions Received

Page	 	

Prescribed by Secretary of State 03/05

N. Camera, Cam	<u>_</u>	•				
Name of Committee in Full CROSLEY FOR (OUN)	11.					
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registre	ation Nur	nber, if	PAC
ERIC WEBER	Description of Item		+	ਜ ਜ਼	ा ज	Train Value Value
Name of Committee in Full CROSLEY FOR COUNC Full Name of Contributor ERIC WEBER Street Address 4340 SCHRUBB DR. City KETTERING Full Name of Contributor	Description of Item Sta te		110	13	$ i _{\ell}$	Fair Market Value 255, 20
City KETTERING	State OH	Zip Code 45429 tion, Labor Organization*	Receive	ed at Funs	•	Event?
Full Name of Contributor	Employer, Occupe	tion, Labor Organization*	Registre	tion Nu	nber, if	PAC
	<u> </u>					
Street Address	Description of Item	a or Service	М	D	Y	Fair Market Value
City	State	Zip Code	Receive	d at Fund S	Ū	Event?
Full Name of Contributor	Employer, Occupe	tion, Labor Organization*		ition Num		
Street Address	Description of Item	ı or Service	М	D	Y	Fair Market Value
City	Sta te	Zip Code	Receive	d at Fund	_	Event?
Full Name of Contributor	Employer, Occupe	tion, Labor Organization*		tion Num		
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value
City	Sta te	Zip Code	Receive YE:	det Fund S	_	Event?
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registra	tion Num	nber, if I	PAC
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value
City	State	Zip Code	Received YE	d at Fund	_	Event?
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*		tion Num		
Stroot A ddress	Description of Item	or Service	М	D	Y	Fair Market Value
City	State	Zip Code	Received	dat Fund	_	Event?
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*		tion Num		
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value
City	Sta te	Zip Code	Received	dat Fund	_	Byent? NO
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*		tion Num		
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value
City	Starte	Zip Code	Received	at Funda	_	Svent? NO

Page Total \$

^{*} 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)]

K.L. 3311.10

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
CROSCEY FOR COUNC	14		
ACTION SIGNS			LO 19 LV Amount
6635 FELLEA ST		SNS	
HUBER HEIGHTS	State OH	Zip Code 45424	Check Number // OO /
TO Whom Paid 516W CONNECTION			101911 S10,39
40 COMPARK RO.	Purpose 51	16NS	
PAYTON	State OH	Zip Code 4.54.59	Check Number
TO Whom Paid OFFICE of BP. OF ELEC	THONS		10 05 11 Amount 45.00
Address	Purpose		
City	State OH (Zip Code	Check Number 1660
TO Whom Paid STAPLES			100511 12.08
Address 1927 DOROTHY LANE	Purpose PAI	PER +BADGE	
MORAINE	Statute OH	PER 4-BAOGE 245 439	
MOTO PORTRAITS			10 05 11 159. 43
3150 & DOROTHY LAND	Purpose A OV.	Zip Code 45420	
KETTERING	OH ,	45420	Check Number
To Whom Paid			M D Y Amount
Address	Purpose		
City	State OH	Zip Code	Check Number
To Whom Paid			Mt D Y Amount
Address	Purpose		
City	OH	Zip Code	Check Number
To Whom Paid			M: D: Y: Amount
Address	Purpose		
City	Starte OH	Zip Code	Check Number