

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee CROSLY FOR COUNCIL		Registration Number, if PAC	
Full Name of Candidate LISA CROSLY			
Street Address 2348 SUGAR MAPLE DR.		Office Sought CITY COUNCIL	District 4
City KETTERING		State OH	Zip Code 45440
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Post-General	<input type="checkbox"/> Termination	<input type="checkbox"/> Annual Year
			<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 D 08 Y 2011	

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)	\$	6647	95
3. Total other income (From Form No. 31-A-2)	\$		12
4. Total funds available (sum of lines 1, 2, 3)	\$	\$0	00
5. Total monetary expenditures (From Form No. 31-B)	\$	1212	15
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)	\$	255	20
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0	
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.	\$		

RECEIVED
 2011 OCT 27 PM 1:55
 BOARD OF ELECTIONS
 MONROEVILLE, OHIO

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 _____

Expenditure pages _____

Other pages _____

Total pages 0

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
CROSLEY FOR COUNCIL							
Full Name of Contributor JOSHUA CROSLEY						Registration Number, if PAC	
Street Address 5311 HIMES LANE			Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> etc.)	
City DAYTON OH	State OH	Zip Code 45429	M 09	D 26	Y 11	Amount 1000 ⁰⁰	
Full Name of Contributor BILL BROAD						Registration Number, if PAC	
Street Address 4233 MURRELL DR			Employer/Occupation/Labor Organization*			Form (Cash, <input type="checkbox"/> etc.)	
City KETTERING OH	State OH	Zip Code 45429	M 09	D 27	Y 11	Amount 200 ⁰⁰	
Full Name of Contributor LISA CROSLEY						Registration Number, if PAC	
Street Address 201 WINDING WAY			Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> etc.)	
City KETTERING OH	State OH	Zip Code 45429	M 09	D 26	Y 11	Amount 1550	
Full Name of Contributor KATHY NEIHEISEL						Registration Number, if PAC	
Street Address 348 CANTERBURY			Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> etc.)	
City KETTERING OH	State OH	Zip Code 45429	M 10	D 11	Y 11	Amount 200 ⁰⁰	
Full Name of Contributor JOYCE BROWNELL						Registration Number, if PAC	
Street Address 3179 RIDGEWAY			Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> etc.)	
City DAYTON OH	State OH	Zip Code 45419	M 10	D 11	Y 11	Amount 200 ⁰⁰	
Full Name of Contributor JOSHUA CROSLEY						Registration Number, if PAC	
Street Address 5311 HIMES LN.			Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> etc.)	
City DAYTON OH	State OH	Zip Code 45429	M 10	D 24	Y 11	Amount 1500 ⁰⁰	
Full Name of Contributor TOM JACKSON						Registration Number, if PAC	
Street Address 300 LAURELAWN			Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> etc.)	
City KETTERING OH	State OH	Zip Code 45429	M 09	D 26	Y 11	Amount 100	
Full Name of Contributor PATSY UHRIG						Registration Number, if PAC	
Street Address 5419 W 26TH			Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> etc.)	
City INDIANAPOLIS IN	State IN	Zip Code 46224	M 10	D 11	Y 11	Amount 50	

* 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						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, <input checked="" type="checkbox"/> Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
CROSLEY FOR COUNCIL						
PAUL HUTSON TILLAR						
3639 ELMIRA PR						
KETTERING	OH	454	10	15	11	\$ 50
JOSHUA CROSLEY						
5311 HIMES LN.						
DAYTON	OH	45429	10	24	11	1500 ⁰⁰
MARY PARLIN						
329 LEWISTON RD.						
KETTERING	OH	45429	10	11	11	50 ⁰⁰
CONNIE BAUER						
103 WILKINSON						
KETTERING	OH					150 ⁰⁰
WILLIAM KREBS						
1203 HIGHLAND AVE						
DAYTON	OH	45410	10	11	11	50 ⁰⁰
JIM SMITH						
5517 ANNE LADE						
CENTERVILLE	OH	45459	10	20	11	47.95

* 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)]

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CROSLY FOR COUNCIL			
Full Name of Contributor ERIC WEBER		Employer, Occupation, Labor Organization*	
Street Address 4340 SCHRUBB DR.		Description of Item or Service SIGNS	
City KETTERING		State OH	Zip Code 45429
		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CROSLY FOR COUNCIL							
To Whom Paid ACTION SIGNS				M	D	Y	Amount
Address 6635 TELLEA ST				Purpose SIGNS			
City HUBER HEIGHTS		State OH	Zip Code 45424	Check Number 11001			
To Whom Paid SIGN CONNECTION				M	D	Y	Amount
Address 90 COMPARK RD.				Purpose SIGNS			
City DAYTON		State OH	Zip Code 45459	Check Number 1001			
To Whom Paid OFFICE OF Bd. OF ELECTIONS				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number 1000			
To Whom Paid STAPLES				M	D	Y	Amount
Address 1927 DOROTHY LANE				Purpose PAPER + BADGE			
City MORAINE		State OH	Zip Code 45439	Check Number 1000			
To Whom Paid MOTO PORTRAITS				M	D	Y	Amount
Address 3150 E DOROTHY LANE				Purpose ADV. PHOTO			
City KETTERING		State OH	Zip Code 45420	Check Number 1000			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			