



# ★★ OPERS ★★

## Special Election



### **Candidate Guidelines 2018 Special Election**

#### **IF INTERESTED IN RUNNING:**

1. If you have any questions as to your proper member classification (i.e., re-employed) please contact OPERS at 1-800-222-7377 before you begin collecting petition signatures.
2. If you are interested in running for a seat on the OPERS Board of Trustees, we encourage you to contact OPERS Interim General Counsel Eric Harrell at 614-222-0050 with any questions you may have in advance.
3. Any OPERS retiree receiving an age and service benefit, disability benefit, or benefits under the OPERS defined contribution plan is eligible to run for election. This group also includes re-employed retirees. Beneficiaries, which may include surviving family members, are not eligible to run for election or nominate candidates by signing a petition. Beneficiaries are also ineligible to vote and will not receive a ballot.
4. If you are a judge or magistrate, unfortunately you are not eligible to sit on the OPERS Board.

#### **COLLECTING PETITION SIGNATURES/PETITION PACKETS**

1. OPERS must receive original documents specifically branded for this election. Candidate/petitions cannot utilize electronic signatures. Petitions cannot be e-mailed (scanned) or faxed.
  - a. Ohio Revised Code Section 3501.38(B) states petitions filed with any other public office shall be in **ink**.
  - b. Duplicates and copies of signatures will not be counted.
2. Overnight or certified mail or hand delivery of Candidate petition packet information is strongly encouraged to ensure timely delivery. This also applies to petition signature forms.
3. If you are a re-employed retiree, please check with specific employers/offices/counties in regards to solicitation policies and procedures.

#### **COMPLETING YOUR BIOGRAPHY**

1. Any items listed on your Biographical Statement **WILL** be published (including home phone number). Your Biographical Statement, including spelling, layout, etc., will go on the ballot as it is presented on the form – font is the only item to change for consistency purposes.
2. Please check with your employer before using an employer e-mail address on your Biographical Statement.

#### **CANDIDATE CAMPAIGNING/CAMPAIGN MATERIALS**

1. Campaign materials shall not state or otherwise indicate that the OPERS Board or OPERS as a system endorses any particular candidate.
  - a. Materials may refer to OPERS generally, such as “Candidate X for OPERS,” but shall not refer to OPERS in the context of endorsing the candidate, such as, “OPERS for Candidate X.”
  - b. Any endorsements or comments regarding candidates on the OPERS Facebook page, *PERSpective* blog or Twitter will be removed by the administrator as OPERS does not endorse any particular candidate or position.
2. If a candidate has any written or spoken campaign materials, the candidate must provide a disclaimer indicating that neither the OPERS Board nor OPERS as a system endorses any particular candidate or statement.
  - a. Third parties sending items out on the candidate’s behalf must also include the OPERS disclaimer.
3. Any such materials **MUST** be submitted to OPERS staff for approval prior to dissemination.
  - a. Turnaround time for any advertising approval is three business days upon receipt of materials. This is both for candidate as well as third parties.



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## Special Election

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### ***OPERS and Ohio Deferred Compensation Boards of Trustees Job Description***

#### **OVERVIEW:**

The OPERS Board of Trustees, the governing body of the Ohio Public Employees Retirement System (OPERS or System), provides strategic direction, focus and oversight for OPERS with the ultimate goal of providing a secure future for Ohio's public employees. Board of Trustee members also serve on the Ohio Public Employees Deferred Compensation Program (Deferred Compensation) Board of Trustees to separately provide direction, focus, and oversight of Deferred Compensation activities. Members of these boards receive no compensation. However, expenses incurred while serving are reimbursed.

Elected members serve four-year terms, beginning January 1 of the year following the elections. Although the timing may be different, the duties of an appointed member of the board are the same as an elected member. The term for members elected in a Special Election may begin on a different date and extend for a different duration.

Members of the OPERS Board who miss more than three meetings without excuse are considered to have resigned from the board.

#### **WORK ACTIVITIES:**

OPERS Board members have many and varied responsibilities. Generally, all responsibilities enable board members to provide oversight for major initiatives designed to help the System meet the challenges of the future. Specifically, board members can expect to:

- Review and adopt policies concerning investments, members, contributors and benefit recipients
- Provide oversight for OPERS
- Adopt administrative rules
- Conduct membership determination hearings
- Approve disability applications
- Approve reports to the Ohio Retirement Study Council
- Review and adopt an annual administrative budget
- Certify employer contribution rates
- Monitor the actuarial status of the System
- Review and approve staff-proposed plans to reach OPERS' stated goals
- Administer and determine the level of benefits for the OPERS health care plan
- Conduct an annual strategic planning session, and
- Perform an annual self-evaluation

#### **TIME COMMITMENT:**

OPERS Board members attend a monthly board meeting on the third Wednesday of each month in Columbus. Board members may also meet on the preceding Tuesday each month for education and/or committee meetings, and, at times, a Deferred Compensation meeting. These meetings usually involve full-day commitments on that Tuesday and Wednesday.

OPERS Board members are not penalized for absence from their regular employment while attending authorized board meetings.

On average, OPERS Board members should expect to spend at a minimum 40-50 working days each year on OPERS and Deferred Compensation Board business (**excluding** preparation time discussed below), including meetings, education, committee commitments, and/or planning. New board members, or those with a limited financial background, should anticipate spending a little more time during their first year to accommodate additional training.

From time-to-time, the OPERS Board may call special meetings.

## **TIME COMMITMENT:**

*(Continued)*

Typically, OPERS Board members are involved in committees, and the committees have regular meetings. The standing committees of the OPERS Board are:

- Investment Committee
- Health Care Committee
- Personnel and Salary Review Committee
- Proxy Policy and Corporate Governance Committee
- Audit Committee
- Budget and Planning Committee
- Board Governance Committee
- Enterprise Risk Committee

OPERS Board retreats are scheduled once or twice each year for strategic planning or other topics.

OPERS Board members are required to complete specific education sessions and an orientation session for new board members within 90 days of taking seat.

Preparation for each OPERS Board meeting involves reviewing board materials that are available electronically approximately one week prior, which takes about eight hours to review.

The Deferred Compensation Board responsibilities and duties include reviewing and adopting policies, adopting annual budgets, and selecting, monitoring and terminating investment managers. Specifically, board members can expect to:

- Review and adopt policies concerning investments and administration of the Program
- Provide oversight for major initiatives
- Provide oversight of the investment menu
- Select, monitor and terminate investment managers
- Approve changes to plan features or the addition of plan features
- Conduct an annual strategic planning session, including a board self-evaluation
- Review and adopt an annual administrative budget
- Review and approve an annual service plan

Board members should expect to attend six to eight half-day meetings on Deferred Compensation business each year.

Beginning in January, the Deferred Compensation Board normally meets every other month on the Tuesday immediately preceding the OPERS Board committee meetings.

In addition to bi-monthly meetings, the Deferred Compensation Board conducts an annual strategic planning session and an annual self-evaluation. Three committees of the Deferred Compensation Board meet on an as-needed basis, usually immediately before or after a Deferred Compensation Board meeting. From time-to-time, the Deferred Compensation Board may call special meetings. Deferred Compensation Board members are not penalized for absence from their regular employment while attending authorized board meetings.

Deferred Compensation Board members receive agenda materials approximately one week in advance of each meeting. Materials typically require one to three hours of reading.

## **RESTRICTIONS:**

Board members are subject to Ohio Ethics Laws which generally govern conflict of interest situations and prohibit board members from soliciting or accepting anything of value from persons or corporations doing business with the System. Board members must annually file Financial Disclosure Statements with the Ohio Ethics Commission. Board members are also prohibited from soliciting or accepting payment of travel expenses, including expenses incurred with the travel for lodging, meals, food and beverages, from anyone other than OPERS.

Board members are trustees of the System funds and are subject to strict fiduciary standards of conduct. The Board members must act solely in the best interests of all the participants and beneficiaries (not just the group the member represents or was elected by) and for the exclusive purpose of providing them with benefits and defraying reasonable administrative expenses.

## **REMOVAL FROM THE BOARD:**

Board members may be removed by a trial court if the member commits misconduct in office. If a board member breaches his or her fiduciary duty, the Ohio attorney general may file a civil action against the member and seek restitution.



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## Special Election

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### **BOARD MEMBER FIDUCIARY OBLIGATIONS**

#### ***What are my fiduciary obligations as an OPERS Board member?***

OPERS Board members have several fiduciary obligations, including a Duty of Loyalty, a Duty to Act Prudently and a Duty to Diversify. A fiduciary is a person who has a legal duty to act primarily for the benefit of another. Board members are fiduciaries who must take care of the assets of the system for the benefit of **all participants and beneficiaries**. It's important to understand your obligations to all members and to consider how you will meet these obligations should you be elected to the OPERS Board of Trustees.

#### ***Duty of Loyalty***

One of the most important requirements of being a Board member is meeting what is called the Duty of Loyalty. This means that you must discharge your role as a Board member **SOLELY** in the interests of **ALL** the participants and beneficiaries (not just those of the group you represent and that elected you) for the exclusive purpose of providing benefits to **ALL MEMBERS** and keeping administrative costs low.

Board members must represent the interests of the entire membership equally, without favoritism. For example, although you would serve as a retiree representative, you must act and make decisions as a Board member on behalf of the entire membership, not just your own group. A common misperception is that you would be representing only the interests of the group by which you were elected.

#### ***Other fiduciary duties***

**Duty to Act Prudently:** This means acting with the care, skill, prudence and diligence under the current circumstances that a prudent person in a similar situation would use. As a fiduciary, you should analyze the proposed course of action, obtain all relevant facts, investigate options and seek any necessary expert advice prior to making decisions.

**Duty to Diversify:** This means spreading the OPERS assets over different investment classes to minimize the risk of large losses from overconcentration of assets in too few types of investments.

#### **Failure to meet fiduciary obligations**

If a Board member breaches his/her fiduciary duty, the Ohio Attorney General may file a civil action against the member and seek restitution to be paid to the System. A trial court may remove a Board member if the member commits misconduct in office.



***CERTIFICATION BY CANDIDATE FOR ELECTION TO THE  
OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM  
BOARD OF TRUSTEES***

This certification must be completed, notarized and returned to OPERS so that it is received no later than 4:30 p.m., Friday, Feb. 2, 2018.

Section 145.057 of the Ohio Revised Code provides that a person who has been convicted of or pleads guilty to a felony, a theft offense as defined in Section 2913.01 of the Ohio Revised Code, or a violation of Sections 102.02, 102.03, 102.04, 2921.02, 2921.11, 2921.13, 2921.31, 2921.41, 2921.42, 2921.43, or 2921.44 of the Revised Code is ineligible for election as an employee or retiree member of the Board.

Candidate Name (Print): \_\_\_\_\_

Candidate Social Security Number (last 4 digits only): \_\_\_\_\_

Address: \_\_\_\_\_

Employer (if employee seat): \_\_\_\_\_

AFFIDAVIT

STATE OF OHIO

SS

COUNTY OF \_\_\_\_\_

Being duly sworn and in the presence of the Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_, 2018, I, the above named candidate, hereby certify, that as defined in Section 145.057 of the Ohio Revised Code, I have never been convicted of or pled guilty to a theft offense, ethics violations, bribery, perjury, falsification, obstructing official business, having an unlawful interest in a public contract, soliciting or receiving improper compensation, or dereliction of duty as a law enforcement officer.

\_\_\_\_\_  
Candidate Signature

Sworn to before me and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



### ***Retiree Representative Biographical Statement***

Name: \_\_\_\_\_

County of Residence: \_\_\_\_\_

E-mail and/or website address: \_\_\_\_\_

Candidate's telephone number: \_\_\_\_\_

In a statement of 200 words or less, write a brief description of current or prior work. Include relevant industry knowledge or specific experience (use reverse side if necessary)<sup>i</sup>. With the exception of font, this information will appear on the official ballot **exactly as it is provided below**.

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### AFFIDAVIT

STATE OF OHIO

SS

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says:  
(Print name)

I hereby attest and verify that the biographical statement made herein is accurate and true.

Further affiant sayeth naught.

\_\_\_\_\_  
(Signature)

Sworn to before me and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

(Revised 11/17)

<sup>i</sup>Note: The Board reserves the right to edit the biographical statement for length or inappropriate content with notice to the candidate.





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## Special Election



### *Nominating Petition Instructions for Retiree Candidates*

- To be eligible to appear on the OPERS Board election ballot, **a candidate must obtain a minimum of 250 signatures from retirees receiving an age and service benefit, disability benefit, or benefits paid under the DC Plan from OPERS. Signatures from individuals receiving an OPERS benefit solely as a beneficiary will not count. At least five different counties must be represented by a minimum of 10 signatures each.** Judges and magistrates are not eligible to serve on the OPERS Board.
- Candidates must use the current election petition forms. Use of prior election petition forms is prohibited and will not be accepted. Candidates are encouraged to solicit more than the required minimum number of retiree signatures in order to ensure that the minimum number of valid signatures will be met. Duplicate signatures will not be counted.
- Retirees who sign the petition must include their LEGAL NAME (printed) and SIGNATURE, as well as their date of birth, county of residence and the last four digits of their Social Security number.
- The enclosed petition form may be duplicated in its entirety (on 8½ x 11 inch paper) on two sides. **All completed petitions must be received by the OPERS office no later than 4:30 p.m., Friday, Feb. 2, 2018. Only petitions with original signatures are acceptable, copies will not be counted.**
- A qualifying candidate must submit a biographical statement on the affidavit form provided for inclusion with the ballot mailing. This statement cannot exceed 200 words and must be received with the petitions and the provided Certification by Candidate for Election form **no later than 4:30 p.m., Friday, Feb. 2, 2018.** The Board reserves the right to edit these biographical statements with notice to a candidate.
- Candidates must also submit the provided packet of forms referencing State Retirement System Candidate Campaign Finance Requirements from the Ohio Secretary of State. These forms should be submitted to the Secretary of State's office according to the directions provided on the packet's cover letter.
- Candidates are encouraged to file their petitions as early as possible. Candidates do not need to file all their petitions at the same time. Partial submissions will be accepted and processed. This will allow for prompt processing of the petitions before the deadline.
- If a candidate has any written or spoken campaign materials, the candidate must provide a disclaimer indicating that neither the OPERS Board nor OPERS as a system endorses any particular candidate or statement. **Any such materials MUST be submitted to OPERS staff for approval prior to dissemination.** Check specific employers/offices/counties in regards to solicitation policies and procedures.
- If you have any questions regarding the petition or election process or regarding the duties and responsibilities of Board members, please feel free to contact Eric Harrell at 614-222-0050. You also may find more information on our website, [opers.org/specialelection](http://opers.org/specialelection).

### *The OPERS Board of Trustees*

The OPERS Board of Trustees, the governing body of OPERS, is responsible for the administration and management of OPERS.

The 11-member Board meets on the third Wednesday of every month at the OPERS office in Columbus. Board committee meetings are generally scheduled on the third Tuesday of the month before regular Board meetings. Reading material is sent to Board members prior to each monthly meeting. There are other multi-day time commitments required from Board members. These include retreats, conferences, and seminars, which may require traveling outside Columbus. On average, a Board member can expect to spend approximately 40 - 50 working days each year involved in Board business, education, or planning, excluding preparation.

Although Board members receive no compensation, reimbursement is made for necessary expenses while serving the System.

Members elected to the OPERS Board also automatically serve on the governing board for the Ohio Public Employees Deferred Compensation Program (Ohio DC). If you qualify to be placed on the ballot, you will receive information from Ohio DC, or you may contact them directly at 614-466-7245.

# 2018

## NOMINATING PETITION for a RETIREE CANDIDATE to the OPERS Board of Trustees

★ ★ OPERS ★ ★  
Special Election

We, the undersigned retirees of the Ohio Public Employees Retirement System, do hereby nominate:

\_\_\_\_\_ ,  
as a candidate for member of the OPERS Board of Trustees for a term beginning in May 2018 and ending Dec. 31, 2021 as  
provided in Sections 145.04, 145.05 and 145.051 of the Ohio Revised Code.

Candidate's Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_



OHIO DEFERRED  
COMPENSATION

277 East Town Street, Columbus, Ohio 43215-4642 1-800-222-7377 [www.opers.org/specialelection](http://www.opers.org/specialelection)



*Please complete each column below. In order for your signature to count toward this candidate's total, you must provide the requested information.  
Completed petitions must be received at the OPERS office no later than 4:30 p.m., Friday, Feb. 2, 2018.*

Legal name of OPERS retiree (required) Please print clearly!	Last 4 digits of SSN (required)	Signature of OPERS retiree (required)	Date of birth MM/DD/Year (required)	County of residence (required)
Jane Smith	4 4 4 6	Jane Smith	1 0 1 5 1 9 6 1	Franklin
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

ORC Section 3501.38(j): WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE



Legal name of OPERS retiree (required) Please print clearly!	Last 4 digits of SSN (required)	Signature of OPERS retiree (required)	Date of birth MM/DD/Year (required)	County of residence (required)
Jane Smith	4 4 4 6	Jane Smith	1 0 1 5 1 9 6 1	Franklin
11				
12				
13				
14				
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2018  
Special  
Election

**2018 Special Election**

ORC Section 3501.38(j): WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE



**Jon Husted**  
Ohio Secretary of State

180 East Broad Street, 16th Floor  
Columbus, Ohio 43215  
Tel: (877) 767-6446 Fax: (614) 644-0649  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)

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**STATE RETIREMENT SYSTEM**  
**CANDIDATE CAMPAIGN FINANCE REQUIREMENTS**

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State law requires each candidate nominated for election to or elected to fill a vacancy on a state retirement system board to file with the Secretary of State, in duplicate, a complete, accurate and itemized campaign finance disclosure statement if the candidate, or the candidate's campaign committee, receives contributions totaling \$1,000 or more or makes expenditures totaling \$1,000 or more. This includes any campaign finance activity relating to any election of a board seat or the pursuit of filling a vacancy on the board. The forms prescribed to comply with these filing requirements include:

- Ohio Campaign Finance Report
- Statement of Contributions Received
- Statement of Expenditures
- Statement of Loans Received
- Statement of In-Kind Contributions Received
- Statement of Other Income
- Statement of Outstanding Debts

Each of the forms, along with instructions for their completion, are provided in this packet. Each form may be duplicated as often as needed. Forms may also be obtained by contacting the Secretary of State's Campaign Finance Division at (614) 466-3111. Except for the cover page, only those forms which will be used to disclose data must be submitted. If a candidate or campaign committee has no data to report for a particular form, it is not required to be included in the report.

The \$1,000 threshold is cumulative for the period of time covered by the reporting requirements and not a per-reporting period threshold. That is, if, for the Pre-election period, *both* contributions and expenditures are *each* under the \$1,000 threshold, no report is required. However, if, by the cutoff day for disclosing activity in the Post-election report, either contributions or expenditures exceed the \$1,000 threshold, a Post-election report is due and must disclose all data, including that which occurred in the Pre-election reporting period. Finally, if total contributions and total expenditures each remain below the \$1,000 threshold for the entire period of disclosure, neither the Pre-election nor the Post-election report is due.

## **WHEN TO FILE**

### **Elections**

Each candidate or candidate's campaign committee may be required to file two separate reports in relation to each election, depending on activity. A Pre-election report is due no later than 4 p.m. on the 12<sup>th</sup> day prior to the election. This report is to include activity occurring through the 20<sup>th</sup> day before the election. A Post-election report is due no sooner than 8 days after the election and no later than 38 days after the election. The Post-election report must reflect all activity no previously reports through the close of business on the 7<sup>th</sup> day after the election.

### **Vacancies**

Similar reporting exists for the filling of a vacancy. However, rather than being dependent on the date of the election, the filings are due relative to the date the candidate takes office.

## **WHAT TO FILE**

Each report must set forth in detail the contribution and expenditure activity of the candidate or the candidate's campaign committee. The prescribed and included forms provide for full disclosure of all transaction detail, as well as a report summary. Each report should include a completed cover page, *Ohio Campaign Finance Report (form 30-A)*, along with any applicable detail statements, depending on the activity of the committee.

## **WHERE TO FILE**

Reports must be *received*, not postmarked, at the Secretary of State's office by the applicable due date. Candidates or campaign committees should submit or send reports to:

Ohio Secretary of State  
CAMPAIGN FINANCE DIVISION  
180 E. Broad St. 15<sup>th</sup> floor  
Columbus, OH 43215

Any questions regarding the filing requirements or reporting protocol can be directed to:

Curt Mayhew

614 466-1231

# STATE PENSION FUND CAMPAIGN FINANCE FORMS

## COVER PAGE INSTRUCTIONS

A cover page identifies who filed the report and what reporting period is covered. It also provide a summary of the detail inside the report. Do *not* use the cover page as a substitute for listing information on the appropriate form. For example, do not explain about receiving interest on the cover page; report the interest on the Other Income form.

The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example, Ohio would appear as OH.

The Date block should be completed with six digits. For example, March 9, 2004, would appear as 03 09 04.

The first report filed by a candidate/committee should reflect a zero on line 1 (amount brought forward). Otherwise, line 1 should be the same amount that appeared on line 6 (ending balance on hand) of the last previously filed report. Do not list a different amount with an explanation.



# 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)		Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
		July Monthly		August Monthly		September Monthly		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 \_\_\_\_\_

Expenditure  
pages \_\_\_\_\_

Other  
pages \_\_\_\_\_

Total  
pages \_\_\_\_\_

# STATE PENSION FUND CAMPAIGN FINANCE FORMS

## INSTRUCTIONS FOR THE STATEMENT OF CONTRIBUTIONS RECEIVED

The Statement of Contributions lists all money received *except* interest income, loans, refunds or prior expenditures that are returned to the candidate/committee.

Every contributor's name, address and amount donated must be listed completely.

The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example, Ohio would appear as OH.

The Date block should be completed with six digits. For example, March 9, 2004, would appear as 03 09 04. The date of a contribution is the date that the candidate or an agent of the committee receives the contribution. It is not the date of deposit or the date on the check.

A complete street address including a zip code, *not* a post office box, must be provided. The form in which the contribution is received must be indicated, such as check, cash or money order. Cash means currency or coin.

The total of *all* the Statement of Contributions pages should appear on line two of the cover page.



# 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, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount

\* 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)]

# STATE PENSION FUND CAMPAIGN FINANCE FORMS

## INSTRUCTIONS FOR THE STATEMENT OF EXPENDITURES MADE

The Statement of Expenditures lists the purpose for which funds were used, the name and address of the entity to which the expenditure was made, and the amount and date of each expenditure.

The date listed for each expense should be the date that a check or other payment instrument is mailed, handed over or transmitted. A street address with zip code is required for each listing; bank and post office entries need only the city and state.

The Date block should be completed with six digits. For example, March 9, 2004, would appear as 03 09 04.

The Purpose block should list the specific reason that the expense was made.

The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example, Ohio would appear as OH.

Copies of canceled checks or receipts for all expenses must be attached to the report. A copy of the bank statement may be used for bank charges associated with the campaign. In the event that the report is due before checks are available, note within the report which checks are outstanding. As soon as the checks are available, they should be filed as an addendum to the report. The addendum should either bear a cover letter or a report cover page clearly indicating what candidate/committee is filing and what type of addendum is being filed.

If expenses are billed to a credit card, the Statement of Expenditures should *not* reflect only a single entry to the credit card company. Each underlying date, recipient, amount and purpose must appear. If the candidate/committee uses a credit card, a copy of the itemized billing statement or credit card receipt should be attached in addition to a copy of the canceled check to the credit card company.

The total of all Statement of Expenditures pages should appear on line 5 of the cover page.

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Page \_\_\_\_\_

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		

Page Total \$ \_\_\_\_\_

# STATE PENSION FUND CAMPAIGN FINANCE FORMS

## INSTRUCTIONS FOR THE STATEMENT OF LOANS RECEIVED

The Statement of Loans Received is used when money is loaned to a candidate/committee that is to be repaid. If money is owed on an item or service, it is a debt, not a loan and should be reported on the Statement of Outstanding Debt. Funds loaned to a committee by the candidate that are still outstanding at the end of a reporting period must be reported on this form in order for the candidate to be repaid at a later date. Amounts listed as a contribution cannot be listed later as loans.

The loan form tracks the status of an incoming loan from the time it is first received until it is either repaid or forgiven. For example, if a loan is received in one reporting period and not repaid for several years, every time a report is filed the loan will appear as outstanding even if there was no current period activity. Additional loans received from and payments made to the same source should be reflected in the original loan box. If a \$1000 loan was previously received from an individual and then subsequently an additional \$500 loan was received from the same source, the additional loan should be reported in the Loans Received this Period block of the original loan. It should not be listed as a new loan.

The Date Originally Incurred space will remain the same every time the loan appears.

When a loan is first received, the Prior Amount block will be blank. Thereafter, the Amount Incurred This Period space will generally be left blank unless interest or additional loans from the same source are added onto the outstanding balance of a loan.

If a loan is forgiven, write the word "Forgiven" in the Outstanding Balance space.

The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example,

The Date block should be completed with six digits. For example, March 9, 2004, would appear as 03 09 04.

The total amount of all new loans received within the reporting period must be transferred to the Statement of Other Income. The total of all payments made during the reporting period is transferred to the Statement of Expenditures. A transfer is done by placing the words "Loan transfer" in one of the lines marked Full Name or "Total loan payments made" in one of the lines marked To Whom Paid, as appropriate to the situation.

The total of all outstanding loans owed by the committee should appear on line 9 on the cover page.



# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee													
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		St ate		Zip Code		<b>Loans Received This Period</b> Date                      Amount			<b>Payments This Period</b> Date                      Amount				
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	

  

From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		St ate		Zip Code		<b>Loans Received This Period</b> Date                      Amount			<b>Payments This Period</b> Date                      Amount				
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	

  

From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		St ate		Zip Code		<b>Loans Received This Period</b> Date                      Amount			<b>Payments This Period</b> Date                      Amount				
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	

\* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$ \_\_\_\_\_

<sup>2</sup> Total received this period \$ \_\_\_\_\_ (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ \_\_\_\_\_ (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ \_\_\_\_\_ (To Form No. 30-A)

## STATE PENSION FUND CAMPAIGN FINANCE FORMS

### INSTRUCTIONS FOR THE STATEMENT OF IN-KIND CONTRIBUTIONS RECEIVED

The In-Kind Contributions Received form is used to report when the candidate/committee receives items or services. For example, if someone donates postage stamps for use by the candidate/committee, the form would show on what date they were received, the name and street address of who gave them, that it was stamps that were received and the fair market value. The date that should be used is the date on which the item was received or benefit occurred. This form is also used when items or services are purchased by the candidate or someone else on behalf of the committee and for which reimbursement is not requested or desired ("out of pocket" expenses).

The Date block should be completed with six digits. For example, March 9, 2004, would appear as 03 09 04.

The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example, Ohio would appear as OH.

In-kinds should *not* be included in monetary totals reflected on lines 1 through 6 of the cover page.

The total of all in-kind contributions received should appear on line 7 on the cover page.



# 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		Sta te	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		Sta te	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		Sta te	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		Sta te	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		Sta te	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		Sta te	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		Sta te	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		Sta te	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)]

# STATE PENSION FUND CAMPAIGN FINANCE FORMS

## INSTRUCTIONS FOR THE STATEMENT OF OTHER INCOME

The Statement of Other Income lists all interest income, the total of all loans received in the current reporting period, refunds and all prior expenditures that are returned to the committee.

A complete street address including zip code, not a post office box, must be provided. Bank entries need only the city and state. The form in which the contribution is received must be indicated, such as check, cash or money order. Cash means currency or coin.

The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example, Ohio would appear as OH.

The Date block should be completed with six digits. For example, March 9, 2004, would appear as 03 09 04.

The Type block should reflect one of the two letter codes. "RE" should appear if the Other Income consists of a refund, an uncashed check or the committee's own insufficient funds check. "IN" should appear if the Other Income consists of investment or interest income earned by the committee. "SA" should appear if the Other Income has been received from the sale of committee assets. "LN" should appear if the Other Income consists of payments on a loan.

A check from a contributor that was not honored by the bank should be itemized on the Statement of Expenditures.

If loans are received during a reporting period, their total is transferred to this form from the Statement of Loans Received form. If payments are received on loans owed *to* the committee, their total is transferred to this form from the Statement of Loans Received form.

The total of all the Statement of Other Income pages should appear on line three of the cover page.

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full											
Full Name					Registration Number, if PAC						
Address			Type*					M	D	Y	Amount
City			State		Zip Code			Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC						
Address			Type*					M	D	Y	Amount
City			State		Zip Code			Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC						
Address			Type*					M	D	Y	Amount
City			State		Zip Code			Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC						
Address			Type*					M	D	Y	Amount
City			State		Zip Code			Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC						
Address			Type*					M	D	Y	Amount
City			State		Zip Code			Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC						
Address			Type*					M	D	Y	Amount
City			State		Zip Code			Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC						
Address			Type*					M	D	Y	Amount
City			State		Zip Code			Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC						
Address			Type*					M	D	Y	Amount
City			State		Zip Code			Form (Cash, Check, etc.)			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

# STATE PENSION FUND CAMPAIGN FINANCE FORMS

## INSTRUCTIONS FOR THE STATEMENT OF OUTSTANDING DEBTS

Outstanding debts occur when money is owed at the end of the reporting period for items or services.

The debt form tracks the status of each debt from the time it is first incurred until it is either repaid or forgiven. If a debt is incurred in one reporting period and not repaid, every report filed must continue to show the outstanding debt even though there was no activity during the current period.

The Date Originally Incurred space will remain the same however many times the same debt appears in different reports.

When a debt is first incurred, the Prior Amount block will be blank. Thereafter, the Amount Incurred this Period space will generally be left blank unless an additional charge is added to the outstanding balance of a debt.

The State block should be completed with the U.S. Post Office's standard two-letter abbreviation. For example, Ohio would appear as OH.

Date blocks should be completed with six digits. For example, March 9, 2004, would appear as 03 09 04.

If a debt is forgiven, write the word "Forgiven" in the Outstanding Balance space.

The total of all payments made during the reporting period is transferred to the Statement of Expenditures. The total of all debts *forgiven* is transferred to the In-Kind Contributions Received form.

The total of all outstanding debts should appear on line 10 on the cover page.

# 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		<div>Payments This Period</div> <div>Date                      Amount</div>				
Date Debt was originally Incurred				M	D	Y	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		<div>Payments This Period</div> <div>Date                      Amount</div>				
Date Debt was originally Incurred				M	D	Y	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		<div>Payments This Period</div> <div>Date                      Amount</div>				
Date Debt was originally Incurred				M	D	Y	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)