ORIGINAL

IN THE SUPREME COURT OF OHIO

The State ex rel. Dick Flanagan,	:	
Relator,	:	Original Action in Quo Warranto
v.	:	Case No. 13-0239
David M. Lucas,	:	
Respondent.	:	

ANSWER OF RESPONDENT DAVID M. LUCAS,
SHERIFF OF BELMONT COUNTY, OHIO

Christopher J. Gagin (0062820) (COUNSEL OF RECORD)
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COUNSEL FOR RELATOR, DICK FLANAGAN

FILED
FEB 26 2013
CLERK OF COURT
SUPREME COURT OF OHIO

NOW COMES Respondent, DAVID M. LUCAS, the duly elected Sheriff of Belmont County, Ohio, in answer to Relator's original complaint in Quo Warranto:

PARTIES AND JURISDICTION

1. Respondent admits Relator's complaint is an original action sounding in quo warranto but expressly denies Relator is entitled to immediate possession of the Office of Sheriff of Belmont County, Ohio, in answer to paragraph 1 of the complaint.

2. Respondent admits the allegation contained in paragraph 2 of the complaint.

3. To the multiple allegations contained in paragraph 3 of the complaint, Respondent answers as follows: Respondent admits that his term as Sheriff of Belmont County, Ohio began on Monday, January 7, 2013, as mandated in R.C. §311.01(A), however, Respondent was sworn in on Friday, January 4, 2013, by Belmont County Common Pleas Judge, John M. Solovan, II. Respondent denies that he did not meet the mandatory qualifications for said office pursuant to R.C. §311.01(B). Respondent admits the Belmont County Board of Elections certified him as the duly elected Sheriff of Belmont County, Ohio, as Respondent defeated Relator in the November 6, 2012, general election 16,859 to 14,209 (54.26% to 45.74%). Respondent denies that Relator was the only candidate for Sheriff that met the statutory qualifications on the ballot, and denies that Relator is the duly elected Sheriff of Belmont County, Ohio at present. Respondent admits that Relator has commenced this action to remove Respondent from office but denies that Relator is entitled to the office.

4. Respondent admits this action was commenced pursuant to Chapter 2733 of the Revised Code, in answer to paragraph 4 of the Complaint.

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BELLAIRE, OHIO 43906

5. Respondent is without knowledge or information sufficient to form a belief as to whether Relator has given proper security costs for this action, in answer to paragraph 5 of the Complaint.

6. Respondent admits the jurisdictional allegation contained, in answer to paragraph 6 of the Complaint.

RELEVANT FACTS

7. Respondent admits the qualifications for the office of sheriff in Ohio are set forth in R.C. §311.01, in answer to paragraph 7 of the Complaint.

8. Respondent admits the portion R.C. §311.01(B)(8)(a) is quoted properly, in answer to paragraph 8 of the Complaint.

9. Respondent admits the portion R.C. §311.01(B)(9)(a) is quoted properly, in answer to paragraph 8 of the Complaint.

10. Respondent denies the allegations contained in paragraph 10 of the Complaint relative to his supervisory responsibilities, as established in the 'Belmont County Sheriff's Office Firearms Requalification Program Primary and Off Duty Handguns' records, which are attached hereto and incorporated as if fully re-written herein as Exhibit A. However, Respondent admits that he retired from the Belmont County Sheriff's Department on October 31, 2007, holding the rank of Major.

11. Respondent admits that he and his wife purchased vacation property in the State of Florida via General Warranty Deed executed on or about June 30, 2010, as attached hereto an incorporated as if fully re-written herein as Exhibit B, but expressly denies that he has ever been a resident of the State of Florida. Respondent further denies that the Belmont County Board of Elections failed to verify his status as an Ohio resident at all times relevant to this action, in

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answer to paragraph 11 of the Complaint. Respondent further denies that he signed a false Application in any manner whatsoever.

12. Respondent admits that then Belmont County Sheriff, Fred Thompson, attempted to file a challenge to Respondent's qualifications with the Belmont County Board of Elections on or about December 23, 2011. Respondent also admits that neither Relator, Gary Landers, nor any other qualified elector in Belmont County, Ohio attempted to challenge Respondent's qualifications for almost a full year, when, upon information and belief, Relator and Mr. Landers filed 'letters of protest' in mid-December 2012. Respondent further denies that the Belmont County Board of Elections refused to investigate the allegations, as a hearing was held on or about December 17, 2012, at which time the protests were rejected, in answer to paragraph 12 of the Complaint.

13. Respondent is without knowledge or information sufficient to form a belief as to the truth of the allegations regarding Relator's communication with the Belmont County Board of Elections, or its response, in answer to paragraph 13 of the Complaint.

14. As set forth in his answer to paragraph 3 above, Respondent admits that his term as Sheriff of Belmont County, Ohio began on Monday, January 7, 2013, as mandated in R.C. §311.01(A), however, Respondent was sworn in on Friday, January 4, 2013, by Belmont County Common Pleas Judge, John M. Solovan, II, in answer to paragraph 14 of the Complaint.

15. Respondent is without knowledge or information sufficient to form a belief as to the truth of the allegations regarding Relator's communications with the Prosecuting Attorney of Belmont County, Ohio, or his response, in answer to paragraph 15 of the Complaint.

16. Respondent is without knowledge or information sufficient to form a belief as to the truth of the allegations regarding Relator's communications with the Ohio Secretary of State

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and/or the Belmont County Board of Elections, or their respective responses, in answer to paragraph 16 of the Complaint.

17. Respondent is without knowledge or information sufficient to form a belief as to the truth of the allegations regarding Relator's communications with the Belmont County Board of Elections, or its response, in answer to paragraph 17 of the Complaint.

18. Respondent admits that he retired as a Major in the Belmont County Sheriff's Department on October 31, 2007, having begun his service with the Department as a full-time deputy sheriff on August 12, 1981, and that he was immediately appointed as a Special or Reserve Deputy Sheriff, effective on October 31, 2007, in answer to paragraph 18 of the Complaint.

19. Respondent denies the allegations contained in paragraph 19 of the Complaint.

20. Respondent admits Relator has correctly copied R.C. §311.01(H)(1) in answer to paragraph 20 of the Complaint.

21. Respondent admits the allegation contain in paragraph 21 of the Complaint but only to the extent that December 7, 2011, as the statutory 'Qualification date' was the last day of the four (4) year period immediately preceding the Qualification date upon which a candidate for sheriff could qualify to run for office under R.C. §311.01(B).

22. Respondent denies the allegations contained in paragraph 22 of the Complaint.

23. Respondent denies the allegations contained in paragraph 23 of the Complaint.

24. Respondent denies the allegations contained in paragraph 24 of the Complaint.

25. Respondent denies the allegations contained in paragraph 25 of the Complaint.

26. Respondent denies the allegations contained in paragraph 26 of the Complaint.

27. Respondent denies the allegations contained in paragraph 27 of the Complaint.

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28. Respondent denies the allegations contained in paragraph 28 of the Complaint.

29. Respondent denies the allegations contained in paragraph 29 of the Complaint.

30. Respondent denies the allegations contained in paragraph 30 of the Complaint.

31. Respondent admits that he did not list his Florida vacation property as his official residence in his Application for Candidacy as said property was never his domicile or 'home address.' Respondent truthfully listed his domicile(s) / 'home address' from 1991 to 2011 on his Application for Candidacy, which included two (2) home addresses within the City of St. Clairsville, Belmont County, Ohio. Respondent also admits that he truthfully listed himself as a reserve deputy sheriff from '2007 to Present' on said Application, in answer to paragraph 31 of the Complaint.

32. Respondent admits that he and his wife took vacations to their Florida property from June 30, 2010, to December 7, 2011, but expressly denies that he ever became a resident of the State of Florida at any time from October 31, 2007, to December 7, 2011, in answer to paragraph 32 of the Complaint.

33. Respondent denies that he ever established a domicile in the State of Florida from October 31, 2007, to December 7, 2011, in answer to paragraph 33 of the Complaint.

34. Respondent denies that he ever established a domicile in the State of Florida from October 31, 2007, to December 7, 2011, and expressly denies that he did not pay Ohio State income tax during that period on the strength of his Ohio State tax returns for tax years 2007-2011, which are attached hereto and incorporated as if fully re-written herein as Exhibit C (though properly redacted relative to personal information pursuant to S.Ct.Prac.R. 3.12(A)), in answer to paragraph 34 of the Complaint.

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35. Respondent admits that the Honorable Jennifer L. Sargus, then Belmont County Court of Common Pleas Administrative Judge, approved his qualification for sheriff, in answer to paragraph 35 of the Complaint.

36. Respondent denies the allegations contained in paragraph 36 of the Complaint, as he provided all documentation requested and/or mandated to the Belmont County Board of Elections sufficient for them to certify his candidacy.

CLAIM FOR RELIEF

37. Respondent re-states each and every answer provided in paragraphs 1-36 in answer to paragraph 37 of the Complaint.

38. Respondent denies that he has usurped, unlawfully holds and/or that Relator is entitled to the Office of Sheriff of Belmont County, Ohio, as Respondent was properly certified as a qualified candidate for said office by the Belmont County Board of Elections, and thereafter, fairly defeated Relator in the November 6, 2012, general election to earn his entitlement to the emoluments, immunities and privileges appertaining the office Respondent now lawfully holds, in answer to paragraph 38 of the Complaint.

39. Respondent denies Relator's entitlement to the Office of Sheriff of Belmont County, Ohio and denies Relator is competent or qualified to hold said office, in answer to paragraph 39 of the Complaint.

40. Respondent denies Relator is entitled to a writ of quo warranto removing Respondent from office and declaring Relator entitled to possession Respondent's office, in answer to paragraph 40 of the Complaint.

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41. Respondent states that paragraph 41 is identical to paragraph 40, and therefore, included in error. Nonetheless, Respondent re-states the denial stated in answer to paragraph 40 in answer to paragraph 41 of the Complaint.

42. In answer to paragraph 42 of the Complaint, Respondent denies the accuracy of the factual allegations contained in Relator's affidavit, attached to the Complaint as Exhibit 1, including but not necessarily limited to paragraphs 1, 8, 9, 10, 11, 13 and 14.

43. Respondent denies Relator's right to the relief requested in paragraphs a, b, c and d contained within the Complaint's prayer for relief.

44. Respondent hereby denies each and every allegation contained in the Complaint not otherwise expressly answered herein.

FIRST DEFENSE

1. At all times relevant, Respondent met each and every qualification set forth in R.C. §311.01(B), as of the date Respondent submitted his application materials to the the Belmont County Board of Elections, as well as the date the Belmont County Board of Elections certified his qualification for office.

SECOND DEFENSE

2. Respondent, as the Republican nominee, defeated Relator, the Democrat nominee, in the November 6, 2012, general election by a total of 16,859 to 14,209 (54.25% to 45.74%), as the Belmont County Board of Elections certified to the Ohio Secretary of State pursuant to law, thereby entitling the duly elected Respondent to lawfully hold the Office of Sheriff of Belmont County, Ohio for the term commencing on January 7, 2013, and ending on January 2, 2017.

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THIRD DEFENSE

3. Respondent, as a special or reserve deputy sheriff, was at all times a 'deputy sheriff,' and therefore a law enforcement officer, within the meaning of R.C. §311.04.

FOURTH DEFENSE

4. Respondent can conclusively prove that he was a resident of the State of Ohio and filed and paid Ohio State income tax in all tax years relevant, to-wit: 2007, 2008, 2009, 2010 and 2011. *See Exhibit C.*

FIFTH DEFENSE

5. Relator has failed to state a claim upon which relief can be granted.

SIXTH DEFENSE

6. Relator's claims are barred by the doctrines of waiver, estoppel and/or latches, as Relator, having actual knowledge of election-related matters he now challenges had a duty to promptly act, yet Relator failed to take any legal action whatsoever from the time of his nomination on or about March 7, 2012, through to his 'letter of protest' filed with the Belmont County Board of Elections in mid-December 2012, which includes a delay of 244 days from primary election to the general election; or 275 (or more) days from the primary election until the letter of protest was filed. Likewise, it took Relator thirty-two (32) days after Respondent took office on January 7, 2013, to file the instant Original Action in Quo Warranto on February 8, 2013.

SEVENTH DEFENSE

7. At all times relevant, Relator was a classified employee with the Village of Bellaire, Ohio, serving as a Lieutenant with the Bellaire Police Department. As such, existing Federal and State election laws prohibited him from being a candidate for partisan political office

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under the Hatch Act, 5 U.S.C. §§ 7321-7326 and/or 5 U.S.C. §1501-1508, as well as R.C. §124.57. As he failed to resign his position with the Village of Bellaire prior to the filing of his declaration of candidacy, or at any time prior to the general election on November 6, 2012, Relator failed to fully comply with all applicable election laws, as R.C. §311.01(B)(3) mandates. Therefore, Relator was not qualified to be a candidate for, or be elected, Sheriff of Belmont County, Ohio at the general election held on November 6, 2012, and is not entitled to hold the Office of Sheriff of Belmont County, Ohio.

EIGHTH DEFENSE

8. Respondent reserves the right to raise additional affirmative defenses in this matter which may become known and/or available to Respondent as discovery progresses.

WHEREFORE, Respondent, DAVID M. LUCAS, respectfully demands this Honorable Court dismiss Relator's complaint with prejudice, assess the costs of this action against Plaintiffs, including reasonable attorney fees, and all other relief, whether at law or equity, to which Respondent may be entitled.

Respectfully submitted,

LANCIONE, LLOYD & HOFFMAN LAW OFFICE CO. L.P.A.

By:_____
Christopher J. Gagin, Esq. (0062820)
Of Counsel – Counsel of Record

By:_____
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CERTIFICATE OF SERVICE

I hereby certify that a true copy of Respondent's Answer was served via electronic mail upon Relator's Counsel of Record, Mark E. Landers, Esq., at *mark.landers.esq.@gmail.com*, pursuant to S.Ct.Prac.R. 3.11(B), on this 26th day of February, 2013.

Respectfully submitted,

LANCIONE, LLOYD & HOFFMAN
LAW OFFICE CO. L.P.A.

By: _____
Christopher J. Gagin, Esq. (0062820)
Of Counsel – Counsel of Record

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Sheriff Fred A. Thompson

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DEFENDANT'S EXHIBIT
label: A

BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM
PRIMARY AND OFF DUTY HANDGUNS

NAME: GLENN MOORE AGENCY: BCSO

WEAPON MAKE: BERETTA MODEL TOMCAT SERIAL #: [redacted]

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED ARE (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1). EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1	PA: 3	NPA:	NF:	MISS:	OT:	ERF:
STAGE 2	2 HITS IN THE PREFERRED AREA, 1 HIT IN THE HEAD OR HIP					
	PA: 2	NPA: 1	NF:	MISS:	OT:	ERF:
STAGE 3A	PA: 4	NPA:	NF:	MISS:	OT:	ERF:
STAGE 3B	PA: 3	NPA: 1	NF:	MISS:	OT:	ERF:
STAGE 4	PA: 6	NPA:	NF:	MISS:	OT:	ERF:
STAGE 5	PA: 1	NPA: 2	NF:	MISS:	OT:	ERF:
STAGE 6	PA: 1	NPA: 1	NF:	MISS:	OT:	ERF:
SUB TOTALS: 20				MISS:	OT:	ERF:

TOTAL: 20 (PASSING IS A MINIUM OF 20)

DATE TESTED: 6-13-12 PASSED: ✓ FAILED:

TESTED BY: [signature] REQ# 04994 EXP:

TESTED BY: [signature] REQ# 8854 EXP:

See reverse for BCSO Administrative Course (Primary Weapon Only)

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM
PRIMARY AND OFF DUTY HANDGUNS

NAME: SGT. GLENN MOORE AGENCY: BCSO

WEAPON MAKE: BERETTA MODEL 92G SERIAL #: [redacted]

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED ARE (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1). EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1	PA: 4	NPA:	NF:	MISS:	OT:	ERF:
STAGE 2	2 HITS IN THE PREFERRED AREA, 1 HIT IN THE HEAD OR HIP					
	PA: 3	NPA:	NF:	MISS:	OT:	ERF:
STAGE 3A	PA: 4	NPA:	NF:	MISS:	OT:	ERF:
STAGE 3B	PA: 3	NPA: 1	NF:	MISS:	OT:	ERF:
STAGE 4	PA: 6	NPA:	NF:	MISS:	OT:	ERF:
STAGE 5	PA: 3	NPA:	NF:	MISS:	OT:	ERF:
STAGE 6	PA: 1	NPA: 1	NF:	MISS:	OT:	ERF:
SUB TOTALS: 23				MISS:	OT:	ERF:

TOTAL: 23 (PASSING IS A MINIUM OF 20)

DATE TESTED: 6-13-12 PASSED: ✓ FAILED:

TESTED BY: [signature] REQ# 04994 EXP:

TESTED BY: [signature] REQ# 8854 EXP:

See reverse for BCSO Administrative Course (Primary Weapon Only)

Sheriff Fred A. Thompson

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM
PRIMARY AND OFF DUTY HANDGUNS

NAME: Rusty Lucey AGENCY: BCSO

WEAPON MAKE: Springfield XD MODEL XD 40SW SERIAL #: [redacted]

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED ARE (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1). EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1	PA: 3	NPA:	NF:	MISS:	OT:	ERF:
STAGE 2	2 HITS IN THE PREFERRED AREA, 1 HIT IN THE HEAD OR HIP					
	PA: 3	NPA:	NF:	MISS:	OT:	ERF:
STAGE 3A	PA: 4	NPA:	NF:	MISS:	OT:	ERF:
STAGE 3B	PA: 4	NPA:	NF:	MISS:	OT:	ERF:
STAGE 4	PA: 6	NPA:	NF:	MISS:	OT:	ERF:
STAGE 5	PA: 3	NPA:	NF:	MISS:	OT:	ERF:
STAGE 6	PA: 2	NPA:	NF:	MISS:	OT:	ERF:
SUB TOTALS: 25				MISS:	OT:	ERF:

TOTAL: 25 (PASSING IS A MINIUM OF 20)

DATE TESTED: 6-13-12 PASSED: ✓ FAILED:

TESTED BY: [signature] REQ# 04904 EXP:

TESTED BY: [signature] REQ# 8854 EXP:

See reverse for BCSO Administrative Course (Primary Weapon Only)

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM
TACTICAL RIFLE/CARBINE

NAME: Rusty Lucey AGENCY: BCSO.

WEAPON MAKE: Smith & Wesson M&P MODEL 223 SERIAL #: [redacted]

HITS IN THE PREFERRED AREA (**PA**) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED ARE (**NPA**), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (**NF**) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (**MISS**), OFF OF THE TARGET (**MISS**), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1). EXTRA ROUNDS FIRED (**ERF**) ARE MINUS 1 (-1).

STAGE 1	PA: 12	NPA:	NF:	MISS:	OT:	ERF:
STAGE 2	PA: 12	NPA:	NF:	MISS:	OT:	ERF:
STAGE 3	PA: 12	NPA:	NF:	MISS:	OT:	ERF:
STAGE 4	PA: 11	NPA: 1	NF:	MISS:	OT:	ERF: 2
STAGE 5	PA: 11	NPA: 1	NF:	MISS:	OT:	ERF:

SUB TOTALS: 58-2= MISS: OT: ERF: 2

TOTAL: 56 (PASSING IS A MINIUM OF 54)

DATE TESTED: 6-13-12 PASSED: ✓ FAILED:

TESTED BY: [signature] REQ# 04994 EXP:

TESTED BY: [signature] REQ# 8854 EXP:

See reverse for BCSO Administrative Course (TACTICAL RIFLE/CARBINE)

Sheriff Fred A. Thompson

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Rusty Lucey DATE: 05-18-11

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:
Manufacture GLOCK
Serial # [redacted]
Caliber 9mm

Auto ☒ Revolver ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	
ADM 1.	✓	
ADM 2.	✓	
ADM 3.	✓	

SUB MACHINE GUN

FIREARM INFORMATION:
Manufacture
Serial #
Caliber

Auto ☐ Revolver ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

SHOT GUN

FIREARM INFORMATION:
Manufacture REMINGTON
Serial # [redacted]
Caliber 12 GAUGE

Pump ☒ Semi-Auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:
Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		

TATICAL ASSAULT RIFLE/CARBINE

FIREARM INFORMATION:
Manufacture COLT
Serial # [redacted]
Caliber .223

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

OFF DUTY BACK UP WEAPON

FIREARM INFORMATION:
Manufacture GLOCK
Serial # [redacted]
Caliber 9mm

Auto ☐ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

DEPUTY SIGNATURE: Dorothy B. Tod

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # REQ04994

[signature] Certification # REQ-2445

INSTRUCTOR COMMENTS 100% ON SHOTGUN, ADM STAGE #3

Sheriff Fred A. Thompson

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BELMONT COUNTY, OHIO

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Kyle Benedict DATE: 05/13/11 / 5/18/11

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:
Manufacture
Serial #
Caliber

Auto ☐ Revolver ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		
STAGE 7.		
ADM 1.		
ADM 2.		
ADM 3.		

SUB MACHINE GUN

FIREARM INFORMATION:
Manufacture
Serial #
Caliber

Auto ☐ Revolver ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

SHOT GUN

FIREARM INFORMATION:
Manufacture Mossberg
Serial # [redacted]
Caliber 12ga.

Pump ☒ Semi-Auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:
Manufacture Remington 700P
Serial # [redacted]
Caliber .308

5-13-11

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	

TATICAL ASSAULT RIFLE/CARBINE

FIREARM INFORMATION:
Manufacture Bushmaster
Serial # [redacted]
Caliber .223

5-18-11

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

OFF DUTY BACK UP WEAPON

FIREARM INFORMATION:
Manufacture
Serial #
Caliber

Auto ☐ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		
STAGE 7.		

DEPUTY SIGNATURE: Det. Kyle Benedict

RANGE INSTRUCTOR'S SIGNATURE: [illegible] Certification # REQ 04994

[illegible] Certification # Reg # 2945

INSTRUCTOR COMMENTS

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

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Fax: (740) 695-4781

BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Kyle Benedict B-30 Date: 08/25/10

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture
Serial #
Caliber
Auto ☐ Revolver ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		
STAGE 7.		

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture
Serial #
Caliber
Auto ☐ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE		

SHOT GUN

FIREARM INFORMATION:

Manufacture
Serial #
Gauge
Pump ☐ Semi-Auto ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture Remington 700P
Serial # [redacted]
Caliber .308

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	

DEPUTY SIGNATURE: [signature]

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # REQ-02945

Certification #

INSTRUCTOR COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Ryan Allar Date: 5-20-10

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture: Colt
Serial #: [redacted]
Caliber: .45
Auto ☑ Revolver ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture: S+W Mod 36
Serial #: [redacted]
Caliber: .38 spl
Auto ☐ Revolver ☑

PROFICIENCY

	PASS	FAIL
STAGE	✓	

SHOT GUN

FIREARM INFORMATION:

Manufacture: Remington
Serial #: [redacted]
Gauge: 12
Pump ☑ Semi-Auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture: Colt
Serial #: [redacted]
Caliber: 9mm

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture:
Serial #:
Caliber:

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture:
Serial #:
Caliber:

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: [signature]

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # REQ04994

[signature] Certification # REQ-02945

INSTRUCTOR COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Robert Moore DATE: 5-12-10

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture: Kimber
Serial #: [redacted]
Caliber: 45
Auto ☑ Revolver ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture: WALTHER
Serial #: [redacted]
Caliber: 380
Auto ☑ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	

SHOT GUN

FIREARM INFORMATION:

Manufacture: Remington
Serial #: [redacted]
Gauge: 12 G.
Pump ☑ Semi-auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture:
Serial #:
Caliber:

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture:
Serial #:
Caliber:

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture:
Serial #:
Caliber:

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: Deputy Robert Moore

RANGE INSTRUCTOR'S SIGNATURE: [illegible] Certification # REQ004994

[illegible] Certification # REQ-02945

INSTRUCTOR'S COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Bridget Allar DATE: 5/14/10

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture Beretta

Serial # [redacted]

Caliber 9mm

Auto ☑ Revolver ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

Auto ☐ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.		
STAGE 2.		

SHOT GUN

FIREARM INFORMATION:

Manufacture

Serial #

Gauge

Pump ☐ Semi-auto ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: Bridget Allar

RANGE INSTRUCTOR'S SIGNATURE: [illegible] Certification # REQ 04994

[illegible] Certification # REQ-02945

INSTRUCTOR'S COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: RONNIE L. EVERETT DATE: 05-06-10

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture S&W

Serial # [redacted]

Caliber 357

Auto ☐ Revolver ☒

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture S&W

Serial # [redacted]

Caliber 357

Auto ☐ Revolver ☒

PROFICIENCY

	PASS	FAIL
STAGE 1.	N/A	
STAGE 2.	✓	

SHOT GUN

FIREARM INFORMATION:

Manufacture Rem 870

Serial # [redacted]

Gauge 12GA

Pump ☒ Semi-auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: [signature]

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # REQ 04994

[signature] Certification # REQ-02945

INSTRUCTOR'S COMMENTS: Stanley Balowin REQ-02832

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: JOSEPH SESZKO DATE: 5-5-2010

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture SPRINGFIELD

Serial # [redacted]

Caliber 9M

Auto ☒ Revolver ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

Auto ☐ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.		
STAGE 2.		

SHOT GUN

FIREARM INFORMATION:

Manufacture MOSSBERG

Serial # [redacted]

Gauge 12GA

Pump ☒ Semi-auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture COLT 16A2

Serial # [redacted]

Caliber 223

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: [signature]

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # REQ 04994

[signature] Certification # REQ-2445

Stanley DeLorenzo REQ 02832

INSTRUCTOR'S COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Kyle Benedict DATE: 11/02/09

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture
Serial #
Caliber
Auto ☐ Revolver ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		
STAGE 7.		

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture
Serial #
Caliber
Auto ☐ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.		
STAGE 2.		

SHOT GUN

FIREARM INFORMATION:

Manufacture
Serial #
Gauge
Pump ☐ Semi-auto ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture Remington
Serial # [redacted]
Caliber .308

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	

DEPUTY SIGNATURE: [signature]

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # RFQ-02945

Certification #

INSTRUCTOR'S COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Sgt. Paul E Forro JR DATE: 05/19/2009

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture Smith + Wesson

Serial # [redacted]

Caliber 4506

Auto ☑ Revolver ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		
STAGE 7.		

OFF DUTY/BACK UP WEAPON

FIREARM INFORMATION:

Manufacture Colt

Serial # [redacted]

Caliber .380

Auto ☑ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.		
STAGE 2.	✓	

SHOT GUN

FIREARM INFORMATION:

Manufacture

Serial #

Gauge

Pump ☐ Semi-auto ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: Sgt [illegible]

RANGE INSTRUCTOR'S SIGNATURE: [illegible] Certification # #2945

[illegible] Certification # 02832

INSTRUCTOR'S COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: JOSEPH SESZKO Date: 5-7-09

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture Spring Field
Serial # [redacted]
Caliber 9 m
Auto ☒ Revolver ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		
STAGE 7.		

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture
Serial #
Caliber
Auto ☐ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE		

SHOT GUN

FIREARM INFORMATION:

Manufacture Mossberg
Serial # [redacted]
Gauge 12
Pump ☒ Semi-Auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture Colt
Serial # [redacted]
Caliber .223 16A2

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: [signature]

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # 2945

[signature] Certification # 02832

INSTRUCTOR COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Kyle Benedict Date: 04/09/09

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture: KIMBER
Serial #: [redacted]
Caliber: .45 AUTO
Auto [X] Revolver [ ]

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.		

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture: 1) STG SAUER / 2) WALTHER
Serial #: [redacted]
Caliber: 9MM / .380 AUTO
Auto [X] Revolver [ ]

PROFICIENCY

	PASS	FAIL
Gun 1 STAGE	✓	
Gun 2 Stage	✓	

SHOT GUN

FIREARM INFORMATION:

Manufacture: Mossberg
Serial #: [redacted]
Gauge: 12 GA.
Pump [X] Semi-Auto [ ]

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture:
Serial #:
Caliber:

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

4-9-09

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture: Bushmaster
Serial #: [redacted]
Caliber: .223

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture:
Serial #:
Caliber:

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: [signature]

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # 2945

[signature] Certification # 2832

INSTRUCTOR COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

DISPATCHER
(740) 695-2212
(740) 695-7933
Fax: (740) 695-9662

CIVIL OFFICE
(740) 695-2121 ext. 109
(740) 425-1118 ext. 109
(740) 795-4030 ext. 109

JAIL
(740) 695-5124
Fax: (740) 695-4781

BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Allac, Ryan Date: 4-9-09

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture Colt
Serial # [redacted]
Caliber .45
Auto ☑ Revolver ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture
Serial #
Caliber
Auto ☐ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE		

SHOT GUN

FIREARM INFORMATION:

Manufacture
Serial #
Gauge
Pump ☐ Semi-Auto ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

4-9-09

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture Colt
Serial # [redacted]
Caliber 9mm

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE:

RANGE INSTRUCTOR'S SIGNATURE: Certification # 2945

Certification # REQ 02832

INSTRUCTOR COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

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Fax: (740) 695-4781

BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Kyle Benedict B-30 DATE: 05/22/08

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture
Serial #
Caliber
Auto ☐ Revolver ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		
STAGE 7.		

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture
Serial #
Caliber
Auto ☐ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.		
STAGE 2.		

SHOT GUN

FIREARM INFORMATION:

Manufacture Mossberg 590A1
Serial # [redacted]
Gauge 12
Pump ☒ Semi-auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture Bushmaster
Serial # [redacted]
Caliber .223

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: [signature]

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # REQ028.32

[signature] Certification # #2445

INSTRUCTOR'S COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Kyle C. Benedict DATE: 10/9/08

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture
Serial #
Caliber
Auto ☐ Revolver ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		
STAGE 7.		

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture
Serial #
Caliber
Auto ☐ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.		
STAGE 2.		

SHOT GUN

FIREARM INFORMATION:

Manufacture
Serial #
Gauge
Pump ☐ Semi-auto ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture Remington 700P
Serial # [redacted]
Caliber 308

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	

DEPUTY SIGNATURE: [signature]

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # RFQ-02945

Certification #

INSTRUCTOR'S COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Ryan Allar DATE: 5-22-08

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture: Colt
Serial #: [redacted]
Caliber: .45
Auto ☑ Revolver ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture: Stw HHL
Serial #: [redacted]
Caliber: .38 44
Auto ☑ Revolver ☑

PROFICIENCY

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	

SHOT GUN

FIREARM INFORMATION:

Manufacture: Remington
Serial #: [redacted]
Gauge: 12
Pump ☑ Semi-auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture: Colt
Serial #: [redacted]
Caliber: 9MM

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture: Colt
Serial #:
Caliber:

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture:
Serial #:
Caliber:

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE:

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # REQ02832

[signature] Certification # # 2945

INSTRUCTOR'S COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

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Fax: (740) 695-4781

BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: JOSEPH SESZKO DATE: 5-22-08

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture SPRINGFIELD
Serial # [redacted]
Caliber 9m
Auto ☒ Revolver ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture
Serial #
Caliber
Auto ☐ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.		
STAGE 2.		

SHOT GUN

FIREARM INFORMATION:

Manufacture UCN x 12
Serial # [redacted]
Gauge 12
Pump ☒ Semi-auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture Colt m16 A2
Serial # [redacted]
Caliber 223

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture
Serial #
Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: Joseph T. Seszko

RANGE INSTRUCTOR'S SIGNATURE: Stanley Malavanic Certification # REQ 02832

Certification # # 2945

INSTRUCTOR'S COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

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JAIL
(740) 695-5124
Fax: (740) 695-4781

BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: RONNIE L. EVERETT DATE: 08-30-07

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture S&W

Serial # [redacted]

Caliber 357

Auto ☐ Revolver ☒

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture S&W

Serial # [redacted]

Caliber .357

Auto ☐ Revolver ☒

PROFICIENCY

	PASS	FAIL
STAGE 1.	N/A	
STAGE 2.	✓	

SHOT GUN

FIREARM INFORMATION:

Manufacture REMINGTON

Serial # [redacted]

Gauge 12GA

Pump ☐ Semi-auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: [signature]

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # REQ02832

[signature] Certification # REQ.2945

INSTRUCTOR'S COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

DISPATCHER
(740) 695-2212
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JAIL
(740) 695-5124
Fax: (740) 695-4781

BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Robert Moore DATE: 5-17-07

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture: KIMBER
Serial #: [redacted]
Caliber: 45
Auto ☒ Revolver ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture: WALTHER
Serial #: [redacted]
Caliber: 380
Auto ☒ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.		
STAGE 2.	✓	

SHOT GUN

FIREARM INFORMATION:

Manufacture: MOSSBERG
Serial #: [redacted]
Gauge: 12
Pump ☒ Semi-auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture:
Serial #:
Caliber:

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture:
Serial #:
Caliber:

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture:
Serial #:
Caliber:

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: Deputy Robert Moore

RANGE INSTRUCTOR'S SIGNATURE: Stanley [illegible] Certification # REQ02832

[illegible] Certification # REQ-2945

INSTRUCTOR'S COMMENTS: Keep Firearms Clean & Maintained in Good Working Order (Shotgun) See Attached Form.

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: JOSEPH SESZKO DATE: 5-9-07

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture KIMBER

Serial # [redacted]

Caliber .45

Auto ☒ Revolver ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

Auto ☐ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.		
STAGE 2.		

SHOT GUN

FIREARM INFORMATION:

Manufacture UNC

Serial #

Gauge 12

Pump ☒ Semi-auto ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture Colt

Serial #

Caliber .223

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		
STAGE 6.		

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: [signature]

RANGE INSTRUCTOR'S SIGNATURE: [signature] Certification # REQ0283

[signature] Certification # REQ-2445

INSTRUCTOR'S COMMENTS:

Sheriff Fred A. Thompson

68137 HAMMOND ROAD
ST. CLAIRSVILLE, OH 43950-8755

BELMONT COUNTY, OHIO

EMERGENCY: 911

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BELMONT COUNTY SHERIFF'S OFFICE FIREARMS REQUALIFICATION PROGRAM

NAME: Sgt. Paul E. Forro JR DATE: 05/09/2007

DUTY WEAPON: Hand Gun

FIREARM INFORMATION:

Manufacture Smith + Wesson

Serial # [redacted]

Caliber .45 cal

Auto ☑ Revolver ☐

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	
STAGE 7.	✓	

OFF DUTY/ BACK UP WEAPON

FIREARM INFORMATION:

Manufacture Colt

Serial # [redacted]

Caliber .380

Auto ☑ Revolver ☐

PROFICIENCY

	PASS	FAIL
STAGE 1.		
STAGE 2.	✓	

SHOT GUN

FIREARM INFORMATION:

Manufacture

Serial #

Gauge

Pump ☐ Semi-auto ☐

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SUB MACHINE GUN

FIREARM INFORMATION:

Manufacture Colt

Serial # [redacted]

Caliber 9mm

	PASS	FAIL
STAGE 1.	✓	
STAGE 2.	✓	
STAGE 3.	✓	
STAGE 4.	✓	
STAGE 5.	✓	
STAGE 6.	✓	

TACTICAL ASSAULT RIFLE/ CARBINE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		
STAGE 3.		
STAGE 4.		
STAGE 5.		

SCOPE-SIGHTED RIFLE

FIREARM INFORMATION:

Manufacture

Serial #

Caliber

	PASS	FAIL
STAGE 1.		
STAGE 2.		

DEPUTY SIGNATURE: Sgt [illegible]

RANGE INSTRUCTOR'S SIGNATURE: Stanley Saborowski Certification # REQ 02832

[illegible] Certification # REQ - 2945

INSTRUCTOR'S COMMENTS:

812.00 doc

Prepared By and Return To:
KELLY A. CAHOO #117
J. Steven Gribble d/b/a Safetitle
14260 Tamiami Trail
North Port, FL 34287

#117

File No. DN10-106

Property Appraiser's Parcel I.D. (folio) Number(s)
402131227019

CHARLOTTE COUNTY CLERK OF CIRCUIT COURT
OR BOOK 3491, PGS 1134-1136 3 pg(s)
INSTR # 1947050
Doc Type D, Recorded 06/30/2010 at 02:56 PM
Deed.Doc: $812.00 Rec. Fee: $27.00
Cashiered By: JEANL Doc. #:1

DEFENDANT'S EXHIBIT
B

WARRANTY DEED

THIS WARRANTY DEED dated June 30, 2010, by ROBERT MACLEOD and SHARON MACLEOD, HUSBAND AND WIFE hereinafter called the grantor, to DAVID M. LUCAS and BARBARA A. LUCAS, HUSBAND AND WIFE, whose post office address is 69396 WILLIAMS ROAD, SAINT CLAIRSVILLE, OH 43950, hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

WITNESSETH: That the grantor, for and in consideration of the sum of $116,000.00 and other valuable consideration, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the grantee, all the certain land situated in Charlotte County, Florida, to wit:

LOT 21, BLOCK 1859, PORT CHARLOTTE SUBDIVISION, SECTION 56, A SUBDIVISION ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 5, PAGES 70A-70H, OF THE PUBLIC RECORDS OF CHARLOTTE COUNTY, FLORIDA.

Subject to easements, restrictions, reservations and limitations of recorded, if any.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in any wise appertaining.

TO HAVE AND TO HOLD the same in Fee Simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to: December 31, 2009

WARRANTY DEED
(Continued)

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Marilyn Santorelli
(Witness Signature)

Charles Bruce
(Witness Signature)

ROBERT MACLEOD

SHARON MACLEOD

3734 BLACK BRANT
(Address)

LIVERPOOL, NY 13090-1060
(Address)

STATE OF New York

COUNTY OF Onondaga

I, a Notary Public of the County and State first above written, do hereby certify that ROBERT MACLEOD and SHARON MACLEOD, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 27th day of June, 2010.

Deborah Anne Dlugolecki
Notary Public

My Commission Expires: 11/30/2010

(SEAL) Registration No. 01DL4718412

Ohio Department of TAXATION

07000166

Taxable years beginning in **2007**

IT 1040 Individual Income Tax Return

Rev 10/07

Please do not use staples.

Taxpayer Social Security no. (required) ▶▶ if deceased

[redacted]

Spouse's Social Security no. (only if joint return) ▶ if deceased

[redacted]

Use UPPERCASE letters. check box check box

Your first name	M.I.	Last name
DAVID	M	LUCAS

Spouse's first name (only if joint return)	M.I.	Last name
BARBARA	A	LUCAS

DEFENDANT'S EXHIBIT C

Mailing address (for faster processing, please use a street address)

69396 WILLIAMS ROAD

City	State	ZIP code	Ohio county (first four letters)
ST. CLAIRSVILLE	OH	43950	BELM

Home address (if different from mailing address) - please do **NOT** show city or state | ZIP code | Ohio county (first four letters)

Foreign country (please provide this information if the mailing address is outside the US) | Foreign postal code

Ohio Residency Status (see instructions)

X Resident Nonresident/state Part-year resident from: to

Filing Status — Check one (as reported on federal income tax return)

Single or head of household or qualifying widow(er)

X Married filing jointly

Married filing separately — enter spouse's SS# ▶▶

Please do not use staples, tape or glue. Place your W-2(s), check and Ohio form IT 40P on top of your return. Place any other supporting documents or statements after the last page of your return.

Go paperless. It's FREE! Try I-File or Ohio eForms by visiting tax.ohio.gov.

Most electronic filers receive refunds in 5-7 business days by direct deposit!

Ohio Political Party Fund	Yes	No
Do you want $1 to go to this fund?		X
If joint return, does your spouse want $1 to go to this fund?		X

Note: Checking 'Yes' will not increase your tax or decrease your refund.

Ohio Public School District Number (see instructions) 0706

INCOME AND TAX INFORMATION

1	**Federal adjusted gross income** (from federal forms 1040, line 37; or 1040-A, line 21; or 1040-EZ, line 4; or 1040-NR, line 35)	1	109418 00
2	Adjustments from line 47 on page 3 of Ohio form IT 1040 **(enclose page 3)**	2	00
3	Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3	109418 00
4	Personal exemption and dependent exemption deduction — multiply your personal and dependent exemptions 3 times $1,450 and enter the result here	4	4350 00
5	Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)	5	105068 00
6	Tax on line 5 (see tax tables in the instructions)	6	4332 00
7	Credits from Schedule B from line 57 on page 4 of Ohio form IT 1040 **(enclose page 4)**	7	0 00
8	Ohio tax less Schedule B credits. (line 6 minus line 7; enter -0- if line 7 is more than line 6)	8	4332 00
9	Exemption credit: Number of personal and dependent exemptions 3 times $20	9	60 00
10	Ohio tax less exemption credit. (line 8 minus line 9; enter -0- if line 8 is less than line 9)	10	4272 00

Ohio Department of TAXATION

SS# [redacted]

07000266

DAVID M & BARBARA A LUCAS

Taxable years beginning in **2007**

IT 1040 Rev 10/07
Individual Income Tax Return

10a Amount from line 10 on page 1	**10a**	4272 00
11 Joint filing credit (see instructions and enclose documentation) 5 % times line 10a (limit $650)	**11**	214 00
12 Ohio tax less joint filing credit. (line 10a minus line 11; if line 11 is more than line 10a, enter -0-.)	**12**	4058 00
13 Total credits from line 69 on page 4 of Ohio form IT 1040 **(enclose page 4)**	**13**	00
14 Ohio income tax before manufacturing equipment grant. (line 12 minus line 13; if line 13 is more than line 12, enter -0-.)	**14**	4058 00
15 Manufacturing equipment grant. **You must include the grant request form**	**15**	00
16 Ohio income tax. (line 14 minus line 15; if line 15 is more than line 14, enter -0-.)	**16**	4058 00
17 Interest penalty on underpayment of estimated tax. Check if Ohio form IT 2210-1040 is enclosed (may be required; see instructions) **INTEREST PENALTY▶**	**17**	00
18 Unpaid Ohio use tax (see worksheet in the instructions) **USE TAX▶**	**18**	00
19 Total Ohio tax (add lines 16, 17 and 18)	**19**	4058 00

PAYMENTS

20 **Ohio Tax Withheld** (box 17 on your W-2). Place W-2(s) on top of return **AMOUNT WITHHELD▶**	**20**	4270 00
21 2006 overpayment credited to 2007, 2007 estimated tax payments and 2007 IT 40P payments	**21**	00

22a Refundable business jobs credit 00 — You must include certificate(s)

b Refundable pass-through entity credit 00 — You must include K-1(s)

c Historical building rehabilitation credit 00 — You must include certificate(s)

22 Total of lines 22a, 22b and 22c	**22**	00
23 Add lines 20, 21 and 22 **TOTAL PAYMENTS▶**	**23**	4270 00

REFUND OR AMOUNT YOU OWE If your refund is less than $1.01, no refund will be issued. If you owe is less than $1.01, no payment is necessary.

24 If line 23 is GREATER than line 19, subtract line 19 from line 23 **AMOUNT OVERPAID▶**	**24**	212 00
25 Amount of line 24 to be credited to 2008 estimated income tax liability **CREDIT▶**	**25**	00
26 Amount of line 24 that you wish to **donate** to the Military Injury Relief Fund	**26**	00
27 Amount of line 24 that you wish to **donate** for nature preserves, scenic rivers and protection of endangered species	**27**	00
28 Amount of line 24 you wish to **donate** for Ohio's wildlife species and conservation of endangered wildlife	**28**	00
29 Amount of line 24 to be refunded (subtract amounts on lines 25, 26, 27 and 28 from line 24) **YOUR REFUND ▶**	**29**	212 00
30 **Amount You Owe** (if line 23 is less than line 19, subtract line 23 from line 19). If payment is enclosed make payable to Ohio Treasurer Richard Cordray and include Ohio form IT 40P(see instructions) **AMOUNT YOU OWE▶**	**30**	00

SIGN HERE (required) — see page 4 of this return for mailing information.

I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Your signature — Date

▶ Spouse's signature (see instructions) — Phone number

Preparer's name (please print) SELF-PREPARED — Phone number

Do you authorize your preparer to contact us regarding this return? Yes X No

For Department Use Only

Code

SCHEDULE A – Income Adjustments (Additions and Deductions)

Additions – Add to the extent not included in federal adjusted gross income (line 1).

31	Non-Ohio state or local government interest and dividends	31	00
32	Certain pass-through entity Ohio taxes paid	32	00
33a	Federal interest and dividends subject to state taxation	33a	00
b	Reimbursement of college tuition expenses and fees deducted in any previous year(s)	b	00
c	Losses from sale or disposition of Ohio public obligations	c	00
d	Non-medical withdrawals from an Ohio medical savings account and miscellaneous federal tax adjustments	d	00
e	Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income	e	00
f	Noneducation expenditures from college savings account	f	00
g	Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	g	00
h	Ohio Revised Code section 5733.40(A) pass-through entity adjustment	h	00
34	**Total additions** (add lines 31 through 33h and enter here). You must complete the applicable line items above	34	00

Deductions – Deduct to the extent included in federal adjusted gross income (line 1)

35	Federal interest and dividends exempt from state taxation	35	00
36	Employee compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents	36	00
37	Military pay for Ohio residents, but only if the military pay is included on line 1 of this return and received while the military member was stationed outside Ohio **NEW**	37	00
38	State or municipal income tax overpayments shown on federal form 1040, line 10	38	00
39	Disability and survivorship benefits (do not include pension continuation benefits)	39	00
40	Qualifying Social Security benefits and certain railroad retirement benefits	40	00
41	Contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits	41	00
42	Certain Ohio National Guard reimbursements and benefits (see instructions)	42	00
43	Unsubsidized medical care, long-term care insurance and excess medical expenses (see worksheet in the instructions)	43	00
44	Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see worksheet in the instructions)	44	00
45a	Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits	45a	00
b	Interest income from Ohio public obligations and Ohio purchase obligations and gains from the sale or disposition of Ohio public obligations	b	00
c	Refund or reimbursements shown on federal form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return	c	00
d	Repayment of income reported in a prior year and miscellaneous federal tax adjustments	d	00
e	Qualified organ donor expenses (maximum $10,000 per taxpayer) and amounts contributed to an individual development account	e	00
f	Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	f	00
46	**Total deductions** (add lines 35 through 45f). You must complete the applicable line items above	46	00
47	Net adjustments – If line 34 is GREATER than line 46, enter the difference here and on line 2 as a positive amount. If line 34 is LESS than line 46, enter the difference here and on line 2 as a negative amount. Include this page when you mail your return	47	00

SCHEDULE B – Nonbusiness Credits

48	Retirement income credit (see table in the instructions) **(limit $200 per return)**	48	0 00
49	Senior citizen credit **(limit $50 per return).** You must be 65 or older to claim this credit	49	00
50	Lump sum distribution credit (you must be 65 or older to claim this credit)	50	00
51	Child care and dependent care credit (see worksheet in the instructions)	51	00
52	Lump-sum retirement credit	52	00
53	If line 5 on page 1 is $10,000 or less, enter $98; otherwise, enter -0- or leave blank	53	00
54	Displaced worker training credit (see the instructions and worksheet) **(limit $500 per taxpayer)**	54	00
55	Ohio political contributions credit **(limit $50 per taxpayer)**	55	00
56	Ohio adoption credit **($1,500 per child adopted during the year)**	56	00
57	Total Schedule B credits (add lines 48 through 56) – enter here and on line 7 on page 1	57	0 00

SCHEDULE C – Ohio Resident Credit

58	Enter the portion of line 3 on page 1 subjected to tax by other states or the District of Columbia while you are an Ohio resident (limits apply - see instructions)	58	00
59	Enter Ohio adjusted gross income (line 3 on page 1)	59	00
60	Divide line 58 by line 59 and enter the result here ..... Multiply this factor by the amount on line 12 on page 2	60	00
61	Enter the 2007 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply – see line instructions)	61	00
62	Enter the smaller of line 60 or line 61. This is your Ohio resident tax credit. Enter here and on line 67. If you filed a return in 2007 with a state(s) other than Ohio, list the two-letter state abbreviation in the boxes below	62	00

SCHEDULE D – Nonresident/Part-Year Resident Credit

63	Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio. Include Ohio form IT 2023 if required (see instructions)	63	00
64	Enter the Ohio adjusted gross income (line 3)	64	00
65	Divide ln 63 by ln 64 and enter the result here ..... Multiply this factor by the amount on line 12 on page 2. Enter here and on line 68 below	65	00

SUMMARY OF CREDITS FROM SCHEDULES C, D AND E

66	Enter the amount from line 11 of Schedule E, Nonrefundable Business Credits. This form is available on our website at **tax.ohio.gov**	66	00
67	Enter the amount from line 62, above	67	00
68	Enter the amount from line 65, above	68	00
69	Add lines 66, 67 and 68. Enter here and on line 13 on page 2	69	00

MAILING INFORMATION

NO Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Please do not enclose your federal tax return unless line 1 (FAGI) is -0- or negative

Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

Ohio | Department of Taxation

08000166

Taxable year beginning in **2008**

IT 1040 Individual Income Tax Return

Rev 9/08

Please do not use staples.

Taxpayer Social Security no. (required) [redacted] ▶▶ if deceased check box

Spouse's Social Security no. (only if joint return) [redacted] ▶▶ if deceased check box

Use UPPERCASE letters.

Your first name: DAVID M.I.: M Last name: LUCAS

Spouse's first name (only if joint return): BARBARA M.I.: A Last name: LUCAS

Mailing address (for faster processing, please use a street address): 69396 WILLIAMS ROAD

City: ST. CLAIRSVILLE State: OH ZIP code: 43950 Ohio county (first four letters): BELM

Home address (if different from mailing address) - please do **NOT** show city or state ZIP code Ohio county (first four letters)

Foreign country (please provide this information if the mailing address is outside the US) Foreign postal code

Ohio Residency Status – Check box for **primary** taxpayer

X Full-year Resident | Part-year resident | Nonresident/ indicate state

Check box for **secondary** taxpayer (spouse if married filing jointly)

X Full-year Resident | Part-year resident | Nonresident/ indicate state

Filing Status – Check one (as reported on federal income tax return)

Single or head of household or qualifying widow(er)

X Married filing jointly

Married filing separately – ▶▶ Enter spouse's SS#

Please do not use staples, tape or glue. Place your W-2(s), check and Ohio form IT 40P on top of your return. Place any other supporting documents or statements after the last page of your return.

Go paperless. It's FREE! Try I-File or Ohio eForms by visiting tax.ohio.gov.

Most electronic filers receive refunds in 5-7 business days by direct deposit!

Ohio Political Party Fund

	Yes	No
Do you want $1 to go to this fund?		X
If joint return, does your spouse want $1 to go to this fund?		X

Note: Checking 'Yes' will not increase your tax or decrease your refund.

Ohio Public School District Number for 2008 (see instructions) 0706

INCOME AND TAX INFORMATION

1	**Federal adjusted gross income** (from IRS forms 1040, line 37; 1040-A, line 21; 1040-EZ, line 4; or 1040-NR, line 35)	1	91447 00
2	Adjustments from line 47 on page 3 of Ohio form IT 1040 **(enclose page 3)**	2	-212 00
3	Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3	91235 00
4	Personal exemption and dependent exemption deduction – multiply your personal and dependent exemptions 3 times $1,500 and enter the result here	4	4500 00
5	Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)	5	86735 00
6	Tax on line 5 (see tax tables in the instructions)	6	3176 00
7	Credits from Schedule B from line 57 on page 4 of Ohio form IT 1040 **(enclose page 4)**	7	200 00
8	Ohio tax less Schedule B credits. (line 6 minus line 7; enter -0- if line 7 is more than line 6)	8	2976 00
9	Exemption credit: Number of personal and dependent exemptions 3 times $20	9	60 00
10	Ohio tax less exemption credit. (line 8 minus line 9; enter -0- if line 8 is less than line 9)	10	2916 00

Ohio | Department of Taxation

SS#[redacted] 08000266

Taxable year beginning in **2008**

IT 1040 Rev 9/08
Individual Income Tax Return

DAVID M & BARBARA A LUCAS

10a	Amount from line 10 on page 1	10a	2916 00
11	Joint filing credit (only for married filing jointly filers; see instructions and enclose documentation) 5 % times line 10a (limit $650)	11	146 00
12	Ohio tax less joint filing credit. (line 10a minus line 11; if line 11 is more than line 10a, enter -0-.)	12	2770 00
13	Total credits from line 69 on page 4 of Ohio form IT 1040 **(enclose page 4)**	13	00
14	Ohio income tax before manufacturing equipment grant. (line 12 minus line 13; if line 13 is more than line 12, enter -0-.)	14	2770 00
15	Manufacturing equipment grant. **You must include the grant request form**	15	00
16	Ohio income tax. (line 14 minus line 15; if line 15 is more than line 14, enter -0-.)	16	2770 00
17	Interest penalty on underpayment of estimated tax. Check if Ohio form IT/SD 2210 is enclosed (may be required; see instructions) **INTEREST PENALTY** ▶	17	00
18	Unpaid Ohio use tax (see worksheet in the instructions) **USE TAX** ▶	18	00
19	Total Ohio tax (add lines 16, 17 and 18) **TOTAL TAX** ▶	19	2770 00

PAYMENTS

20	**Ohio Tax Withheld** (box 17 on your W-2). Place W-2(s) on top of return **AMOUNT WITHHELD** ▶	20	2256 00
21	2007 overpayment credited to 2008, 2008 estimated tax payments and 2008 IT 40P extension payments	21	00
22a	Refundable business jobs credit: You must include certificate(s) 00		
b	Refundable pass-through entity credit: You must include K-1(s) 00		
c	Historical building rehabilitation credit: You must include certificate(s) 00		
22	Total of lines 22a, 22b and 22c	22	00
23	Add lines 20, 21 and 22 **TOTAL PAYMENTS** ▶	23	2256 00

REFUND OR AMOUNT YOU OWE If your refund is less than $1.01, no refund will be issued. If you owe is less than $1.01, no payment is necessary.

24	If line 23 is GREATER than line 19, subtract line 19 from line 23 **AMOUNT OVERPAID** ▶	24	00
25	Amount of line 24 to be credited to 2009 estimated income tax liability **CREDIT** ▶	25	00
26	Amount of line 24 that you wish to **donate** to the Military Injury Relief Fund	26	00
27	Amount of line 24 that you wish to **donate** for Ohio's wildlife species and conservation of endangered wildlife	27	00
28	Amount of line 24 you wish to **donate** for nature preserves, scenic rivers and protection of endangered species	28	00
29	Amount of line 24 to be refunded (subtract amounts on lines 25, 26, 27 and 28 from line 24) **YOUR REFUND** ▶	29	00
30	**Amount You Owe** (if line 23 is less than line 19, subtract line 23 from line 19). If payment is enclosed make check payable to Ohio Treasurer of State and include Ohio form IT 40P(see instructions) **AMOUNT YOU OWE** ▶	30	514 00

SIGN HERE (required) – see page 4 of this return for mailing information.

I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ _____
Your signature Date

▶ _____
Spouse's signature (see instructions) Phone number

_____
Preparer's name (see instrs) SELF-PREPARED Phone number

For Department Use Only

_____ _____ _____
Code

Do you authorize your preparer to contact us regarding this return? Yes X No

Do not mail page 3 if line 2 (on page 1) is -0- or blank

Ohio | Department of Taxation

08000366

Taxable years beginning in **2008**

IT 1040 Rev 9/08
Individual Income Tax Return

SS# [redacted]

DAVID M & BARBARA A LUCAS

SCHEDULE A – Income Adjustments (Additions and Deductions)

Additions (add income items only to the extent not included on page 1, line 1).

31	Non-Ohio state or local government interest and dividends	31	00
32	Certain pass-through entity Ohio taxes paid and Ohio Revised Code section 5733.40(A) pass-through entity adjustment	32	00
33a	Federal interest and dividends subject to state taxation	33a	00
b	Reimbursement of college tuition expenses and fees deducted in any previous year(s)	b	00
c	Losses from sale or disposition of Ohio public obligations	c	00
d	Non-medical withdrawals from an Ohio medical savings account, lump sum distribution add-back and miscellaneous federal income tax adjustments	d	00
e	Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income	e	00
f	Noneducation expenditures from college savings account	f	00
g	5/6 adjustment for IRC sections 168(k) and 179 depreciation expense	g	00
34	**Total additions** (add lines 31 through 33g and enter here). You must complete the applicable line items above	34	00

Deductions (deduct income items only to the extent included in page 1, line 1)
Important: See caution in the instructions.

35	Federal interest and dividends exempt from state taxation	35	00
36	Employee compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents	36	00
37	Military pay for Ohio residents, but only if the military pay is included on line 1 of this return and received while the military member was stationed outside Ohio	37	00
38	State or municipal income tax overpayments shown on federal form 1040, line 10	38	212 00
39	Disability and survivorship benefits (do not include pension continuation benefits)	39	00
40	Qualifying Social Security benefits and certain railroad retirement benefits	40	00
41	Contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits	41	00
42	Certain Ohio National Guard reimbursements and benefits (see instructions)	42	00
43	Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see worksheet in the instructions)	43	00
44	Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see worksheet in the instructions)	44	00
45a	Wage expense not deducted due to the targeted jobs or the work opportunity tax credits	45a	00
b	Interest income from Ohio public obligations and Ohio purchase obligations and gains from the sale or disposition of Ohio public obligations	b	00
c	Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed on a prior year IRS income tax return	c	00
d	Repayment of income reported in a prior year and miscellaneous federal tax adjustments	d	00
e	Qualified organ donor expenses (maximum $10,000 per taxpayer) and amounts contributed to an individual development account	e	00
f	Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense	f	00
g	**NEW** Military retirement income included in federal adjusted gross income (line 1) and military injury relief fund amounts included in line 1	g	00
46	**Total deductions** (add lines 35 through 45g). You must complete the applicable line items above	46	212 00
47	Net adjustments – If line 34 is GREATER than line 46, **enter the difference here and on line 2 as a positive amount.** If line 34 is LESS than line 46, **enter the difference here and on line 2 as a negative amount. Include this page when you file your return**	47	-212 00

Do not mail page 4 if line 7 (on page 1) AND 13 (on page 2) are both -0- or blank

Ohio | Department of Taxation

08000466

Taxable years beginning in **2008**

IT 1040 Rev 9/08
Individual Income Tax Return

SS# [redacted]

DAVID M & BARBARA A LUCAS

SCHEDULE B – Nonbusiness Credits

48	Retirement income credit (see table in the instructions) **(limit $200 per return)**	48	200 00
49	Senior citizen credit **(limit $50 per return).** You must be 65 or older to claim this credit	49	00
50	Lump sum distribution credit (you must be 65 or older to claim this credit)	50	00
51	Child care and dependent care credit (see worksheet in the instructions)	51	00
52	Lump-sum retirement credit	52	00
53	If line 5 on page 1 is $10,000 or less, enter $93; otherwise, enter -0- or leave blank	53	00
54	Displaced worker training credit (see the instructions and worksheet) **(limit $500 per taxpayer)**	54	00
55	Ohio political contributions credit **(limit $50 per taxpayer)**	55	00
56	Ohio adoption credit **($1,500 per child adopted during the year)**	56	00
57	Total Schedule B credits (add lines 48-56) – **enter here and on page 1, line 7**	57	200 00

SCHEDULE C – Ohio Resident Credit

58	Enter the portion of line 3 on page 1 subjected to tax by other states or the District of Columbia while you are an Ohio resident (limits apply - see instructions)	58	00
59	Enter Ohio adjusted gross income (line 3 on page 1)	59	00
60	Divide line 58 by line 59 and enter the result here ..... Multiply this factor by the amount on line 12 on page 2	60	00
61	Enter the 2008 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply – see line instructions)	61	00
62	Enter the smaller of line 60 or line 61. This is your Ohio resident tax credit. Enter here and on line 67, below. If you filed a return in 2008 with a state(s) other than Ohio, list the two-letter state abbreviation in the boxes below	62	00

SCHEDULE D – Nonresident/Part-Year Resident Credit (date of part-year residency): to)

63	Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio. Include Ohio form IT 2023 if required (see instructions)	63	00
64	Enter the Ohio adjusted gross income (line 3)	64	00
65	Divide ln 63 by ln 64 and enter the result here ..... Multiply this factor by the amount on line 12 on page 2. Enter here and on line 68 below	65	00

SUMMARY OF CREDITS FROM SCHEDULES C, D AND E

66	Enter the amount from line 11 of Schedule E, Nonrefundable Business Credits. This form is available on our website at **tax.ohio.gov**	66	00
67	Enter the amount from line 62, above	67	00
68	Enter the amount from line 65, above	68	00
69	Add lines 66, 67 and 68. **Enter here and on line 13 on page 2**	69	00

MAILING INFORMATION

NO Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Please do not enclose your federal tax return unless line 1 on page 1 is -0- or negative

Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

Form 1040 Line 44 **Qualified Dividends and Capital Gain Tax Worksheet** **2008**

► Keep for your records

Name(s) Shown on Return	Social Security Number
DAVID M & BARBARA A LUCAS	[redacted]

1	Enter the amount from Form 1040, line 43		1	69,047.	
2	Enter the amount from Form 1040, line 9b	2 10,200.			
3	Are you filing Schedule D?				
	[ ] **Yes.** Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-	3			
	[X] **No.** Enter the amount from Form 1040, line 13.				
4	Add lines 2 and 3	4 10,200.			
5	If you are claiming investment interest expense on Form 4952, enter the amount from line 4g. Otherwise enter -0-	5 0.			
6	Subtract line 5 from line 4. If zero or less, enter -0-		6	10,200.	
7	Subtract line 6 from line 1. If zero or less, enter -0-		7	58,847.	
8	Enter the **smaller** of: • The amount on line 1 or • $32,550 if single or married filing sep, $65,100 if married filing jointly or qualifying widow(er), or $43,650 if head of household.		8	65,100.	
9	Is the amount on line 7 equal to or more than the amount on line 8?				
	[ ] **Yes.** Skip lines 9 and 10; go to line 11.				
	[X] **No.** Enter the amount from line 7		9	58,847.	
10	Subract line 9 from line 8		10	6,253.	
11	Are the amounts on lines 6 and 10 the same?				
	[ ] **Yes.** Skip lines 11 through 14; go to line 15				
	[X] **No.** Enter the **smaller** of line 1 or line 6		11	10,200.	
12	Enter the amt from line 10 (if line 10 is blank, enter 0)		12	6,253.	
13	Subtract line 12 from line 11.		13	3,947.	
14	Multiply line 13 by **15%** (.15)				14 592.
15	Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies.				15 8,021.
16	Add lines 14 and 15				16 8,613.
17	Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies.				17 9,944.
18	**Tax on all taxable income.** Enter the **smaller** of line 16 or line 17 here and on Form 1040, line 44				18 8,613.

Please do not use staples.

Ohio Department of Taxation

09000166

Taxable year beginning in **2009**

IT 1040 Individual Income Tax Return

Rev 12/09

Please use only black ink.

Taxpayer Social Security no. (required) [redacted] ▶▶ if deceased check box

Spouse's Social Security no. (only if joint return) [redacted] ▶▶ if deceased check box

Use UPPERCASE letters.

Your first name: DAVID M.I.: M Last name: LUCAS

Spouse's first name (only if married filing jointly): BARBARA M.I.: A Last name: LUCAS

Mailing address (for faster processing, use a street address): 69396 WILLIAMS ROAD

City: ST. CLAIRSVILLE State: OH ZIP code: 43950 County (first four letters): BELM

Home address (if different from mailing address) - please do **NOT** show city or state ZIP code County (first four letters)

Foreign country (please provide this information if the mailing address is outside the US) Foreign postal code

Ohio Residency Status – Check applicable box

X Full-year resident Part-year resident Nonresident/ ▶▶ indicate state

Check applicable box for spouse (if married filing jointly)

X Full-year resident Part-year resident Nonresident/ ▶▶ indicate state

Filing Status – Check one (as reported on federal income tax return)

Single or head of household or qualifying widow(er)

X Married filing jointly

Married filing separately – Enter spouse's SS# ▶▶

Please do not use staples, tape or glue. Place your W-2(s), check (payable to Ohio Treasurer of State) and Ohio form IT 40P on top of your return. Place any other supporting documents or statements after the last page of your return.

Go paperless. It's FREE! Try I-File or Ohio eForms by visiting tax.ohio.gov.

Most electronic filers receive their refunds in 5-7 business days by direct deposit!

Ohio Political Party Fund

	Yes	No
Do you want $1 to go to this fund?		X
If joint return, does your spouse want $1 to go to this fund?		X

Note: Checking 'Yes' will not increase your tax or decrease your refund.

Ohio School District Number for 2009 (see instructions) 0706

INCOME AND TAX INFORMATION

1	**Federal adjusted gross income** (from IRS forms 1040, line 37; 1040A, line 21; 1040EZ, line 4; or 1040NR, line 35)	1	80449 00
2	Adjustments from line 47 on page 3 of Ohio form IT 1040 **(enclose page 3)**	2	00
3	Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3	80449 00
4	Personal exemption and dependent exemption deduction – multiply your personal and dependent exemptions 3 times $1,550 and enter the result here	4	4650 00
5	Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)	5	75799 00
6	Tax on line 5 (see tax tables in the instructions)	6	2660 00
7	Credits from Schedule B from line 57 on page 4 of Ohio form IT 1040 **(enclose page 4)**	7	200 00
8	Ohio tax less Schedule B credits. (line 6 minus line 7; enter -0- if line 7 is more than line 6)	8	2460 00
9	Exemption credit: Number of personal and dependent exemptions 3 times $20	9	60 00
10	Ohio tax less exemption credit. (line 8 minus line 9; enter -0- if line 8 is less than line 9)	10	2400 00

Ohio | Department of Taxation

SS# [redacted]

09000266

Taxable year beginning in **2009**

IT 1040 Rev 12/09
Individual Income Tax Return

DAVID M & BARBARA A LUCAS

11	Amount from line 10 on page 1	11	2400 00
12	Joint filing credit (only for married filing jointly filers; see instructions and enclose documentation) 5 % times line 11 (limit $650)	12	120 00
13	Ohio tax less joint filing credit (line 11 minus line 12; if line 12 is more than line 11, enter -0-.)	13	2280 00
14	Total credits from line 69 on page 4 of Ohio form IT 1040 **(enclose page 4)**	14	00
15	Manufacturing equipment grant. You must include the grant request form	15	00
16	Ohio income tax (line 13 minus lines 14 and 15; if the total of lines 14 and 15 is more than line 13, enter -0-.)	16	2280 00
17	Unpaid Ohio use tax (see worksheet in the instructions)	17	00
18	Total Ohio tax liability (add lines 16 and 17) **TOTAL TAX ▶**	18	2280 00
19	Ohio tax withheld (box 17 on your W-2). Place W-2(s) on top of this return **AMOUNT WITHHELD ▶**	19	1148 00
20	2008 overpayment credited to 2009, 2009 estimated tax payments and any other 2009 tax payments	20	00

21 Refundable credits. Include certificate(s) and K-1(s):

a Business jobs credit 00	**b** Pass-through entity credit 00
c Historical preservation credit 00	**d NEW**-Motion picture production credit 00

22	Add lines 19, 20 and 21a, b, c and d **TOTAL PAYMENTS ▶**	22	1148 00

If line 22 is MORE THAN line 18, go to line 23. If line 22 is LESS THAN line 18, skip to line 27.

23	If line 22 is MORE than line 18, subtract line 18 from line 22 . **AMOUNT OVERPAID ▶**	23	00
24	Amount of line 23 to be credited to 2010 income tax liability **CREDIT TO 2010 ▶**	24	00

25 Amount of line 23 that you are **donating** to the following funds:

a Military injury relief 00	**b** Nature preserves/scenic rivers 00	**c** Wildlife species/endangered wildlife 00

26	Line 23 minus the sum of lines 24 and 25a, b and c . . **YOUR REFUND ▶**	26	00
27	If line 22 is less than line 18, subtract line 22 from line 18	27	1132 00
28	Interest penalty on underpayment of income tax. Enclose Ohio form IT/SD 2210 (see instructions)	28	19 00
29	Interest and penalty due on late-paid tax and/or late-filed return	29	00
30	Add lines 27, 28 and 29. If payment is enclosed make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see instructions) . . . **AMOUNT DUE ▶**	30	1151 00

If your refund is less than $1.01, no refund will be issued. If you owe is less than $1.01, no payment is necessary.

SIGN HERE (required) – see page 4 of this return for mailing information.

I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

For Department Use Only

▶ _____
Your signature — Date

▶ _____
Spouse's signature (see instrs) — Phone number (optional)

_____
Preparer's name (see instrs) SELF-PREPARED — Phone number

Code

Do you authorize your preparer to contact us regarding this return? Yes X No

SS# [redacted]

DAVID M & BARBARA A LUCAS

IF LINE 7 (ON PAGE 1) AND LINE 14 (ON PAGE 2) ARE BOTH -0- OR BLANK, DO NOT MAIL PAGE 4

SCHEDULE B — Nonbusiness Credits

48	Retirement income credit (see table in the instructions) **(limit $200 per return)**	48	200 00
49	Senior citizen credit **(limit $50 per return).** You must be 65 or older to claim this credit	49	00
50	Lump sum distribution credit (you must be 65 or older to claim this credit)	50	00
51	Child care and dependent care credit (see worksheet in the instructions)	51	00
52	Lump-sum retirement credit	52	00
53	If line 5 on page 1 is $10,000 or less, enter $93; otherwise, enter -0- or leave blank	53	00
54	Displaced worker training credit (see the instructions and worksheet) **(limit $500 per taxpayer)**	54	00
55	Ohio political contributions credit **(limit $50 per taxpayer)**	55	00
56	Ohio adoption credit **($1,500 per child adopted during the year)**	56	00
57	Total Schedule B credits (add lines 48 through 56). **Enter here and on page 1, line 7**	57	200 00

SCHEDULE C — Ohio Resident Credit

58	Enter the portion of line 3 on page 1 subjected to tax by other states or the District of Columbia while you are an Ohio resident (limits apply - see instructions)	58	00
59	Enter Ohio adjusted gross income (line 3 on page 1)	59	00
60	Divide line 58 by line 59 and enter the result here ..... Multiply this factor by the amount on line 13 on page 2 and enter result here	60	00
61	Enter the 2009 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply — see instructions)	61	00
62	Enter the smaller of line 60 or line 61. This is your Ohio resident tax credit. Enter here and on line 67 below. If you filed a return in 2009 with a state(s) other than Ohio, list the two-letter state abbreviation in the boxes below	62	00

SCHEDULE D — Nonresident/Part-Year Resident Credit (date of part-year residency to)

63	Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio. Include Ohio form IT 2023 if required (see instructions)	63	00
64	Enter the Ohio adjusted gross income (line 3)	64	00
65	Divide ln 63 by ln 64 and enter the result here Multiply this factor by the amount on line 13. Enter here and on line 68 below	65	00

SUMMARY OF CREDITS FROM SCHEDULES C, D AND E

66	Enter the amount from line 10 of Schedule E, Nonrefundable Business Credits. This form is available on our Web site at **tax.ohio.gov**	66	00
67	Enter the amount from line 62, above	67	00
68	Enter the amount from line 65, above	68	00
69	Add lines 66, 67 and 68. **Enter here and on line 14 on page 2**	69	00

MAILING INFORMATION

NO Payment Enclosed — Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Do not enclose your federal income tax return unless line 1 on page 1 of this return is -0- or negative.

Payment Enclosed — Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

Please do not use staples.

Ohio Department of Taxation

10000166

Taxable year beginning in **2010**

IT 1040 Individual Income Tax Return

Rev 09/10

Please use only black ink.

Taxpayer Social Security no. (required) [redacted] ▶▶ if deceased check box

Spouse's Social Security no. (only if joint return) [redacted] ▶▶ if deceased check box

Use UPPERCASE letters.

Your first name	M.I.	Last name
DAVID	M	LUCAS

Spouse's first name (only if joint return)	M.I.	Last name
BARBARA	A	LUCAS

Mailing address (for faster processing, please use a street address)

69396 WILLIAMS ROAD

City	State	ZIP code	County (first four letters)
ST. CLAIRSVILLE	OH	43950	BELM

Home address (if different from mailing address) - please do **NOT** show city or state | ZIP code | County (first four letters)

Foreign country (please provide this information if the mailing address is outside the US) | Foreign postal code

Ohio Residency Status – Check applicable box

X Full-year resident | Part-year resident | Nonresident/ ▶▶ indicate state

Check applicable box for spouse (if married filing jointly)

X Full-year resident | Part-year resident | Nonresident/ ▶▶ indicate state

Filing Status – Check one (as reported on federal income tax return)

Single or head of household or qualifying widow(er)

X Married filing jointly

Married filing separately – ▶▶ Enter spouse's SS#

Please do not use staples, tape or glue. Place your W-2(s), check (payable to Ohio Treasurer of State) and Ohio form IT 40P on top of your return. Also place forms W-2G and 1099-R if tax was withheld. Place any other supporting documents or statements after the last page of your return.

Go paperless. It's FREE! Try I-File or Ohio eForms by visiting tax.ohio.gov.

Most electronic filers receive their refunds in 5-7 business days by direct deposit!

Ohio Political Party Fund

	Yes	No
Do you want $1 to go to this fund?		X
If joint return, does your spouse want $1 to go to this fund?		X

Note: Checking 'Yes' will not increase your tax or decrease your refund.

Ohio School District Number for 2010

(see pages 42-46 of the instructions) 0706

INCOME AND TAX INFORMATION

1	**Federal adjusted gross income** (from IRS forms 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10)	1	67432 00
2	Adjustments from line 47 on page 3 of Ohio form IT 1040 **(enclose page 3)**	2	00
3	Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3	67432 00
4	Personal exemption and dependent exemption deduction – multiply your personal and dependent exemptions 3 times $1,600 and enter the result here	4	4800 00
5	Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)	5	62632 00
6	Tax on line 5 (see tax tables on pages 34-40 of the instructions)	6	2086 00
7	Credits from Schedule B from line 57 on page 4 of Ohio form IT 1040 **(enclose page 4)**	7	200 00
8	Ohio tax less Schedule B credits. (line 6 minus line 7; enter -0- if line 7 is more than line 6)	8	1886 00
9	Exemption credit: Number of personal and dependent exemptions 3 times $20	9	60 00
10	Ohio tax less exemption credit. (line 8 minus line 9; enter -0- if line 8 is less than line 9)	10	1826 00

Ohio | Department of Taxation

SS# [redacted]

10000266

Taxable year beginning in **2010**

IT 1040 Rev 09/10
Individual Income Tax Return

DAVID M & BARBARA A LUCAS

10a	Amount from line 10 on page 1	10a	1826 00
11	Joint filing credit. See the instructions on page 19 for eligibility and documentation requirements. (This credit is for married filing jointly status only). . . . 10 % times line 10a (limit $650)	11	183 00
12	Ohio tax less joint filing credit (line 10a minus line 11; if line 11 is more than line 10a, enter -0-).	12	1643 00
13	Total credits from line 69 on page 4 of Ohio form IT 1040 **(enclose page 4)**	13	00
14	Manufacturing equipment grant. You must include the grant request form	14	00
15	Ohio income tax (line 12 minus lines 13 and 14; if the total of lines 13 and 14 is more than line 12, enter -0-.)	15	1643 00
16	Interest penalty on underpayment of income tax. Enclose Ohio form IT/SD 2210 (see page 20 of the instructions)	16	00
17	Unpaid Ohio use tax (see the worksheet on page 32 of the instructions)	17	00
18	Total Ohio tax liability (add lines 15, 16 and 17) **TOTAL TAX ▶**	18	1643 00
19	Ohio tax withheld (box 17 on your W-2; box 14 on your W-2G; and box 10 on you 1099-R). Place W-2's, W-2G(s) and 1099-R(s) on top of this return **AMOUNT WITHHELD ▶**	19	1130 00
20	2009 overpayment credited to 2010, 2010 estimated tax payments and any other 2010 tax payments	20	00

21 Refundable credits. Include certificate(s) and K-1(s):

a Business jobs credit 00 | b Pass-through entity credit 00

c Historic preservation credit 00 | d Motion picture production credit 00

22	Add lines 19, 20 and 21a, b, c and d **TOTAL PAYMENTS ▶**	22	1130 00

If line 22 is MORE THAN line 18, go to line 23. If line 22 is LESS THAN line 18, skip to line 27.

23	If line 22 is MORE THAN line 18, subtract line 18 from line 22 **AMOUNT OVERPAID ▶**	23	00
24	Amount of line 23 to be credited to 2011 income tax liability **CREDIT TO 2011 ▶**	24	00

25 Amount of line 23 you wish to **donate** to the following funds:

a Military injury relief 00 | b Wildlife species/endangered wildlife 00 | c Natural areas/endangered species 00

26	Line 23 minus the sum of lines 24 and 25a, b and c . Enter amount here, then skip to line 28	26	00
27	If line 22 is LESS THAN line 18, subtract line 22 from line 18 **AMOUNT DUE ▶**	27	513 00
28	Interest and penalty due on late paid taxes and/or late filed return (see page 21 of the instructions) **INTEREST AND PENALTY ▶**	28	00

If you entered an amount on line 26, skip to line 30. If you entered an amount on line 27, go to line 29.

29	Amount due plus interest and penalty (add lines 27 and 28). If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT-40P (see page 7 or 47 of the instructions) **AMOUNT DUE PLUS INTEREST AND PENALTY ▶**	29	513. 00
30	Refund less interest and penalty (line 26 minus line 28). Enter the amount here. (If line 28 is more than line 26, you have an amount due. Subtract line 26 from line 28 and enter this amount on line 29) **YOUR REFUND ▶**	30	00

If your refund is less than $1.01, no refund will be issued. If you owe less than $1.01, no payment is necessary.

SIGN HERE (required) — see page 4 of this return for mailing information.

I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Your signature _____ Date _____

▶ Spouse's signature (see page 10 of the instructions) _____ Phone number (optional) _____

Preparer's name (see page 10 of the instructions) SELF-PREPARED Phone number _____

Do you authorize your preparer to contact us regarding this return? Yes X No

For Department Use Only

Code

Ohio | Department of Taxation

SS# [redacted]

10000466

DAVID M & BARBARA A LUCAS

Taxable year beginning in **2010**

IT 1040 Rev 09/10
Individual Income Tax Return

IF LINE 7 (ON PAGE 1) AND LINE 13 (ON PAGE 2) ARE BOTH -0- OR BLANK, DO NOT MAIL PAGE 4

SCHEDULE B – Nonbusiness Credits

48	Retirement income credit (see table on page 28 of the instructions) (limit $200 per return)	48	200 00
49	Senior citizen credit **(limit $50 per return).** You must be 65 or older to claim this credit	49	00
50	Lump sum distribution credit (you must be 65 or older to claim this credit)	50	00
51	Child care and dependent care credit (see worksheet on page 29 of the instructions)	51	00
52	Lump-sum retirement credit	52	00
53	If line 5 on page 1 is $10,000 or less, enter $93; otherwise, enter -0- or leave blank	53	00
54	Displaced worker training credit (see the instructions and worksheet on page 29) **(limit $500 per taxpayer)**	54	00
55	Ohio political contributions credit **(limit $50 per taxpayer)**	55	00
56	Ohio adoption credit **($1,500 per child adopted during the year)**	56	00
57	Total Schedule B credits (add lines 48 through 56). **Enter here and on page 1, line 7**	57	200 00

SCHEDULE C – Ohio Resident Credit

58	Enter the portion of line 3 on page 1 subjected to tax by other states or the District of Columbia while you are an Ohio resident (limits apply - see page 30 of the instructions)	58	00
59	Enter Ohio adjusted gross income (line 3 on page 1)	59	67432 00
60	Divide line 58 by line 59 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12 on page 2 and enter result here	60	00
61	Enter the 2010 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply – see page 30 of the instructions)	61	00
62	Enter the smaller of line 60 or line 61. This is your Ohio resident tax credit. Enter here and on line 67 below. If you filed a return in 2010 with a state(s) other than Ohio, list the two-letter state abbreviation in the boxes below	62	00

SCHEDULE D – Nonresident/Part-Year Resident Credit (date of part-year residency to)

63	Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio. Include Ohio form IT 2023 if required (see page 30 of the instructions)	63	00
64	Enter the Ohio adjusted gross income (line 3)	64	00
65	Divide ln 63 by ln 64 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12. Enter here and on line 68 below	65	00

SUMMARY OF CREDITS FROM SCHEDULES C, D AND E

66	Enter the amount from line 11 of Schedule E, Nonrefundable Business Credits. (See page 30 of the instructions)	66	00
67	Enter the amount from line 62 above	67	00
68	Enter the amount from line 65 above	68	00
69	Add lines 66, 67 and 68. **Enter here and on page 2, line 13**	69	00

MAILING INFORMATION

NO Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Enclose your federal income tax return if line 1 on page 1 of this return is -0- or negative.

Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

Ohio | Department of Taxation

Please use only black ink.

11000133

Taxable year beginning in **2011**

IT 1040 Individual Income Tax Return

Rev. 11/11

0033

Taxpayer Social Security no. (required) ▶▶ If deceased

[redacted]

Spouse's Social Security no. (only if joint return) ▶▶ If deceased

[redacted]

Use UPPERCASE letters.

Your first name	check box	M.I.	Last name	check box
DAVID		M	LUCAS	

Spouse's first name (only if joint return)	M.I.	Last name
BARBARA	A	LUCAS

Mailing address (for faster processing, please use a street address)

69396 WILLIAMS ROAD

City	State	ZIP code	County (first four letters)
ST. CLAIRSVILLE	OH	43950	BELM

Home address (if different from mailing address) – please do **NOT** show city or state | ZIP code | County (first four letters)

Foreign country (please provide this information if your mailing address is outside the U.S.) | Foreign postal code

Ohio Residency Status – Check applicable box

X Full-year resident | Part-year resident | Nonresident Indicate state ▶▶

Check applicable box for spouse (only if married filing jointly)

X Full-year resident | Part-year resident | Nonresident Indicate state ▶▶

Filing Status – Check one (as reported on federal income tax return)

Single or head of household or qualifying widow(er)

X Married filing jointly

Married filing separately ▶▶ (enter spouse's SS#)

Ohio Political Party Fund

	Yes	No
Do you want $1 to go to this fund?		X
If joint return, does your spouse want $1 to go to this fund?		X

Note: Checking "Yes" will not increase your tax or decrease your refund.

Ohio School District Number for 2011

(see pages 43-48 of the instructions) 0706

INCOME AND TAX INFORMATION

1. **Federal adjusted gross income** (from IRS form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10)	1.	78 928 00
2. Adjustments from line 47 on page 3 of Ohio form IT 1040 **(enclose page 3)**	2.	
3. Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3.	78 928 00
4. Personal exemption and dependent exemption deduction – multiply your personal and dependent exemptions 3 times $1,650 and enter the result here	4.	4 950 00
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)	5.	73 978 00
6. Tax on line 5 (see tax tables on pages 35-41 of the instructions)	6.	2 440 00
7. Schedule B credits from line 57 on page 4 of Ohio form IT 1040 **(enclose page 4)**	7.	200 00
8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 6 is less than line 7)	8.	2 240 00
9. Exemption credit: Number of personal and dependent exemptions 3 times $20	9.	60 00
10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9)	10.	2 180 00

Ohio | Department of Taxation

SS# [redacted]

11000233

Taxable year beginning in **2011**

IT 1040 Rev. 11/11
Individual Income Tax Return

10a. Amount from line 10 on page 1 ..... 10a. 2 180 00

11. Joint filing credit. See the instructions on page 20 for eligibility and documentation requirements (this credit is for married filing jointly status only). 10 % times line 10a **(limit $650)** 11. 218 00

12. Ohio income tax less joint filing credit (line 10a minus line 11) 12. 1 962 00

13. Total credits from line 69 on page 4 of Ohio form IT 1040 **(enclose page 4)** ..... 13.

14. Manufacturing equipment grant. You must include the grant request form ..... 14.

15. Ohio income tax (line 12 minus lines 13 and 14; enter - 0- if the total of lines 13 and 14 is more than line 12) 15. 1 962 00

16. Interest penalty on underpayment of estimated tax. Enclose Ohio form IT/SD 2210 (see page 21 of the instructions) 16. 5 00

17. Unpaid Ohio use tax (see the worksheet on page 33 of the instructions) ..... 17.

18. Total Ohio tax liability (add lines 15, 16 and 17) ..... **TOTAL TAX** ▸ 18. 1 967 00

19. Ohio tax withheld (box 17 on your W-2; box 14 on your W-2G; and box 12 on your 1099-R). Place W-2(s), W-2G(s) and 1099-R(s) on top of this return ..... **AMOUNT WITHHELD** ▸ 19. 1 254 00

20. 2010 overpayment credited to 2011, 2011 est. tax payments and any other 2011 tax payments ..... 20.

21. Refundable credits. Include certificate(s) and K-1(s):
    a. Business jobs credit
    b. Pass-through entity credit
    c. Historic preservation credit
    d. Motion picture production credit

22. Add lines 19, 20 and 21a, b, c and d ..... **TOTAL PAYMENTS** ▸ 22. 1 254 00

If line 22 is MORE THAN line 18, go to line 23. If line 22 is LESS THAN line 18, skip to line 27.

23. If line 22 is MORE THAN line 18, subtract line 18 from line 22 ..... **AMOUNT OVERPAID** ▸ 23.

24. Amount of line 23 to be credited to 2012 income tax liability ..... **CREDIT TO 2012** ▸ 24.

25. Amount of line 23 that you wish to <u>donate</u> to the following funds:
    a. Military injury relief
    b. Natural areas/endangered species
    c. Wildlife species/endangered wildlife
    d. **NEW** - Ohio Historical Society

26. Line 23 minus the sum of lines 24 and 25a, b, c and d. Enter here, then skip to line 28 ..... 26.

27. If line 22 is LESS THAN line 18, subtract line 22 from line 18 ..... **AMOUNT DUE** ▸ 27. 713 00

28. Interest and penalty due on late-paid tax and/or late-filed return (see page 22 of the instructions) ..... **INTEREST AND PENALTY** ▸ 28.

If you entered an amount on line 26, skip to line 30. If you entered an amount on line 27, go to line 29.

29. Amount due plus interest and penalty (add lines 27 and 28). If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see our Web site at **tax.ohio.gov**) ..... **AMOUNT DUE PLUS INTEREST AND PENALTY** ▸ 29.

30. Refund less interest and penalty (line 26 minus line 28). Enter the amount here. (If line 28 is more than line 26, you have an amount due. Subtract line 26 from line 28 and enter this amount on line 29.) ..... **YOUR REFUND** ▸ 30. 713 00

If your refund is less than $1.01, no refund will be issued. If you owe less than $1.01, no payment is necessary.

<u>SIGN HERE (required)</u> — **See page 4 of this return for mailing information.**

I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▸ Your signature _____ Date _____

▸ Spouse's signature (see page 10 of the instructions) _____ Phone number (optional) _____

SELF-PREPARED

Preparer's name (please print; see page 11 of the instructions) _____ Phone number _____

Do you authorize your preparer to contact us regarding this return? Yes ☒ No

For Department Use Only

Code

IF LINE 7 (PAGE 1) AND LINE 13 (PAGE 2) ARE BOTH -0- OR BLANK, DO NOT MAIL PAGE 4.

SCHEDULE B – Nonbusiness Credits

48. Retirement income credit **(limit $200 per return)**. See the table on page 29 of the instructions.... 48. 200 00
49. Senior citizen credit (you must be 65 or older to claim this credit; **limit $50 per return**). .....49.
50. Lump sum distribution credit (you must be 65 or older to claim this credit)..... 50.
51. Child care and dependent care credit (see worksheet on page 30 of the instructions)..... 51.
52. Lump sum retirement credit.....52.
53. If line 5 on page 1 is $10,000 or less, enter $88; otherwise, enter -0- or leave blank ..... 53.
54. Displaced worker training credit (see the instructions and worksheet on page 30) **(limit $500 per taxpayer)** ..... 54.
55. Ohio political contributions credit **(limit $50 per taxpayer)**.....55.
56. Ohio adoption credit **($1,500 per child adopted during the year)** .....56.
57. Total Schedule B credits (add lines 48 through 56). **Enter here and on page 1, line 7**.....57. 200 00

SCHEDULE C – Full-Year Ohio Resident Credit

58. Enter the portion of line 3 on page 1 subjected to tax by other states or the District of Columbia while you are an Ohio resident (limits apply – see page 31 of the instructions) .....58.
59. Enter Ohio adjusted gross income (line 3 on page 1)..... 59.
60. Divide line 58 by line 59 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12 on page 2 and enter the result here .....60.
61. Enter the 2011 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply – see page 31 of the instructions).....61.
62. Enter the smaller of line 60 or line 61. This is your Ohio resident tax credit. Enter here and on line 67 below. If you filed a return for 2011 with a state(s) other than Ohio, enter the two-letter state abbreviation in the box(es) below .....62.

SCHEDULE D – Nonresident / Part-Year Resident Credit (date of part-year residency _____ to _____)

63. Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio. Include Ohio form IT 2023 if required (see page 31 of the instructions).....63.
64. Enter the Ohio adjusted gross income (line 3 on page 1).....64.
65. Divide line 63 by line 64 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 12. Enter here and on line 68 below.....65.

SUMMARY OF CREDITS FROM SCHEDULES C, D AND E

66. Enter the amount from line 10 of Schedule E, Nonrefundable Business Credits (see page 31 of the instructions) .....66.
67. Enter the amount from line 62 above.....67.
68. Enter the amount from line 65 above.....68.
69. Add lines 66, 67 and 68. **Enter here and on page 2, line 13**.....69.

MAILING INFORMATION

NO Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43218-2679

Enclose your federal income tax return if line 1 on page 1 of this return is -0- or negative.

Payment Enclosed – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43218-2057