

FILE
07 JUL 31
FRANKLIN
BOARD OF E

Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

Full Name of Committee Kilroy for Commissioner						Registration Number, if PAC		
Full Name of Candidate Mary Jo Kilroy								
Street Address 360 S. Grant Ave				Office Sought County Commissioner		District Franklin		
City Columbus				State O H		Zip Code 43215		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General	
	July		August		September		Termination	
Monthly		Monthly		Monthly		X		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		Annual Year 2007		
				M 1 1		D 0 2		
						Y 0 4		

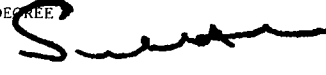
For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 2,649.64
2. Total monetary contributions (From Form No. 31-A)	\$ 0.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 2,649.64
5. Total monetary expenditures (From Form No. 31-B)	\$ 750.00
6. Balance on hand (line 4 minus line 5)	\$ 1,899.64
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 8,106.90
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 6,125.25
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7, and amount of any new loans received this period	\$

FILED
07 JUL 31 PM 3:12
FRANKLIN COUNTY
BOARD OF ELECTIONS

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Sanford A. Meizlish



7/27/07
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Contribution pages <u>0</u>

Expenditure pages <u>1</u>

Other pages <u>2</u>

Total pages <u>3</u>

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	BUSINESS	ADDRESS	CITY	STATE	ZIP	DATE OF EXPENDITURE	AMOUNT	PURPOSE	CHECK#	EVENT DATE
				Franklin County Democratic Party	271 East State St.	Columbus	OH	43215	1/8/07	\$750.00	Contribution	5063	

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Kilroy for Commissioner												
From Whom Received Mary Jo Kilroy						Prior Amount 5,862.25		Amt. Incurred this Period 0.00				
Address 3100 Midgard Rd.								Outstanding Balance 5,862.25				
City Columbus		State O H	Zip Code 43202		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1 0 1 7 9 6												
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	
From Whom Received Handelman & Kilroy						Prior Amount 1,966.61		Amt. Incurred this Period 0.00				
Address 360 S. Grant Ave.								Outstanding Balance 1,966.61				
City Columbus		State O H	Zip Code 43215		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1 2 3 1 9 1												
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	
From Whom Received Robert K. Handelman						Prior Amount 278.04		Amt. Incurred this Period 0.00				
Address 360 S. Grant Ave.								Outstanding Balance 278.04				
City Columbus		State O H	Zip Code 43215		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1 2 3 1 9 1												
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	

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

- 1 Total prior amount \$ 8,106.90
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 8,106.90 (To Form No. 30-A)

