30-A
R.C. 3517.10

FILED
08 JAN 31 PM 12:49
FRANKLIN COUNTY
BOARD OF ELECTIONS

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	X	Annual Year 2007
		July Monthly		August Monthly		September Monthly		Termination		Semiannual

Amended Report?	Report Electronically filed?	Date of Election	M	D	Y
☐ Yes ☑ No	☐ Yes ☑ No		1 1	0 2	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	$ 1,899.64
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)	$ 1,899.64
5. Total monetary expenditures (From Form No. 31-B)	$ 85.00
6. Balance on hand (line 4 minus line 5)	$ 1,814.64
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	$

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

Print Name and Title (Treasurer and Deputy Treasurer only) | Signature | Date

Contribution pages	Expenditure pages	Other pages	Total pages
0	1	2	3

COVER SHEET

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	BUSINESS	ADDRESS	CITY	STATE	ZIP	DATE OF EXPENDITURE	AMOUNT	PURPOSE	CHECK#	EVENT DATE
				Graphic T's Inc	532R Main St	Groveport	OH	43125	11/1/2007	$85.00	Printing	5065	

31-C
R.C. 3517.10

Page _____

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee: Kilroy for Commissioner

From Whom Received	Prior Amount	Amt. Incurred this Period
Mary Jo Kilroy	5,862.25	0.00
Address: 3100 Midgard Rd.		Outstanding Balance: 5,862.25

City	State	Zip Code	Date Loan was originally Incurred	Registration Number, if PAC	Employer/Occupation/Labor Organization*
Columbus	OH	43202	M 10 D 17 Y 96		

Loans Received This Period Date	Amount	Payments This Period Date	Amount
M D Y	$	M D Y	$
M D Y		M D Y	
M D Y		M D Y	

From Whom Received	Prior Amount	Amt. Incurred this Period
Handelman & Kilroy	1,966.61	0.00
Address: 360 S. Grant Ave.		Outstanding Balance: 1,966.61

City	State	Zip Code	Date Loan was originally Incurred	Registration Number, if PAC	Employer/Occupation/Labor Organization*
Columbus	OH	43215	M 12 D 31 Y 91		

Loans Received This Period Date	Amount	Payments This Period Date	Amount
M D Y	$	M D Y	$
M D Y		M D Y	
M D Y		M D Y	

From Whom Received	Prior Amount	Amt. Incurred this Period
Robert K. Handelman	278.04	0.00
Address: 360 S. Grant Ave.		Outstanding Balance: 278.04

City	State	Zip Code	Date Loan was originally Incurred	Registration Number, if PAC	Employer/Occupation/Labor Organization*
Columbus	OH	43215	M 12 D 31 Y 91		

Loans Received This Period Date	Amount	Payments This Period Date	Amount
M D Y	$	M D Y	$
M D Y		M D Y	
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)

31-N
R.C. 3517.10

Page _____

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee									
Kilroy for Commissioner									
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Mary Jo Kilroy					6,125.25			0.00	
Address					Item or Purpose for Debt			Outstanding Balance	
3100 Midgard Rd.					POSTAGE, CON			6,125.25	
City	State	Zip Code			Payments Made This Period				
Columbus	OH	43202			Date			Amount	
Date Debt was originally Incurred	M 11	D 14	Y 95		M	D	Y	$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose for Debt			Outstanding Balance	
City	State	Zip Code			Payments Made This Period				
					Date			Amount	
Date Debt was originally Incurred	M	D	Y		M	D	Y	$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose for Debt			Outstanding Balance	
City	State	Zip Code			Payments Made This Period				
					Date			Amount	
Date Debt was originally Incurred	M	D	Y		M	D	Y	$	
Registration Number, if PAC					M	D	Y		
					M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period $ 0.00 (also record on Form 31-B)

Total Outstanding Balance $ 6,125.25 (also record on cover page)