

FILED

# Ohio Campaign Finance Report

10 APR 21 PM 1:47

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY

Full Name of Committee <b>Grandview Library Levv Committee</b>							Registration Number, if PAC		
Full Name of Candidate									
Street Address <b>1685 W. First Ave.</b>					Office Sought		District		
City <b>Columbus</b>					State <b>OH</b>		Zip Code <b>43212</b>		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> <b>2010</b>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July		August		September		Termination	Semiannual
		Monthly		Monthly		Monthly			
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		M	D	Y	
						0	5	0	4 20 10

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	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	6,000.00
3. Total other income (From Form No. 31-A-2)	\$	<del>6,000.00</del>
4. Total funds available (sum of lines 1, 2, 3)	\$	6,000.00
5. Total monetary expenditures (From Form No. 31-B)	\$	2,677.74
6. Balance on hand (line 4 minus line 5)	\$	3,322.26
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

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

Terry Smith, Treasurer

*Terry Smith*  
Signature

April 22, 2010  
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages 1

Expenditure pages 1

Other pages 1

Total pages 3

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Grandview Library Levy Committee							
Full Name of Contributor Northwest Area Realtors Assoc					Registration Number, if PAC		
Street Address 1460 Grandview Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M	D	Y	Amount 500.00	
Full Name of Contributor Friends of the Grandview Library					Registration Number, if PAC		
Street Address 1685 W. First Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M	D	Y	Amount 5,500.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Grandview Library Levy Committee</b>												
To Whom Paid <b>National City Bank</b>						M	D	Y	Amount			
						0	2	1	9	20	10	20.00
Address <b>1530 W. First Ave.</b>				Purpose <b>Checks</b>								
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43212</b>		Check Number <b>EFT</b>						
To Whom Paid <b>Cross &amp; Oberlie</b>						M	D	Y	Amount			
						0	3	3	1	20	10	1,373.22
Address <b>96 Byrd Ave</b>				Purpose <b>Yard signs &amp; wire holders</b>								
City <b>Neenah</b>		State <b>WI</b>		Zip Code <b>54956</b>		Check Number <b>101</b>						
To Whom Paid <b>SNP</b>						M	D	Y	Amount			
						0	3	3	1	20	10	172.50
Address <b>5257 Sinclair Rd</b>				Purpose <b>TV News Advertisement</b>								
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43229</b>		Check Number <b>102</b>						
To Whom Paid <b>SNP</b>						M	D	Y	Amount			
						0	4	0	9	20	10	1,112.02
Address <b>5257 Sinclair Rd</b>				Purpose <b>TV News Advertisements</b>								
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43229</b>		Check Number <b>103</b>						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						