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# Ohio Campaign Finance Report

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Citizens for Worthington Libraries</b>					Registration Number, if PAC			
Full Name of Candidate								
Street Address <b>1500 Clubview Blvd. S.</b>				Office Sought		District		
City <b>Columbus</b>				State <b>O H</b>		Zip Code <b>43235</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General	
	July Monthly		August Monthly		September Monthly		Termination <b>X</b>	
Annual Year		_____		Semiannual		<b>2010</b>		
Amended Report?		Report Electronically filed?		Date of Election		M D Y		

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required 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	\$ 2,199.67
2. Total monetary contributions (From Form No. 31-A)	\$ 1,500.00
3. Total other income (From Form No. 31-A-2)	\$ 0.86
4. Total funds available (sum of lines 1, 2, 3)	\$ 3,700.53
5. Total monetary expenditures (From Form No. 31-B)	\$ 0.00
6. Balance on hand (line 4 minus line 5)	\$ 3,700.53
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-I-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
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

Daniel P. Lacey, Treasurer

*[Signature]*

7-15-10

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 0

Expenditure pages 1

Other pages 1

Total pages 2

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Worthington Libraries</b>						
Full Name <b>Huntington Bank</b>				Registration Number, if PAC		
Address <b>PO Box 1558 EA1W37</b>	Type* <b>I   N</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>0.39</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235-1558</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name <b>Huntington Bank</b>				Registration Number, if PAC		
Address <b>PO Box 1558 EA1W37</b>	Type* <b>I   N</b>		M <b>0</b>	D <b>6</b>	Y <b>3</b>	Amount <b>0.47</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235-1558</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc) <b>Cash</b>			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc) <b>Cash</b>			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc) <b>Cash</b>			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc) <b>Cash</b>			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc) <b>Cash</b>			

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

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Worthington Libraries</b>							
Full Name of Contributor <b>Friends of Worthington Libraries</b>					Registration Number, if PAC		
Street Address <b>820 High Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Worthington</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43085-4108</b>	M <b>0</b>   <b>1</b>	D <b>2</b>   <b>9</b>	Y <b>1</b>   <b>0</b>	Amount <b>1,500.00</b>	
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)]