

# Ohio Campaign Finance Report

10 JUL -8 PM 3:43

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Committee for Grandview Heights Schools</b>							Registration Number, if PAC			
Full Name of Candidate										
Street Address <b>1935 W. First Ave</b>					Office Sought <b>school levv</b>			District <b>Grandview</b>		
City <b>Columbus</b>						State <b>OH</b>	Zip Code <b>43212</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination		<b>X</b> Semiannual <b>2010</b>	
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			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	\$	499.35
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$	0.64
4. Total funds available (sum of lines 1, 2, 3)	\$	499.99
5. Total monetary expenditures (From Form No. 31-B)	\$	10.00
6. Balance on hand (line 4 minus line 5)	\$	489.99
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

Carol T. Davis

Print Name and Title (Treasurer and Deputy Treasurer only)

Carol T. Davis

Signature

7/2/10

Date

Contribution pages	_____
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Expenditure pages	<u>1</u>
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Other pages	<u>1</u>
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Total pages	<u>2</u>
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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee for Grandview Heights Schools</b>							
To Whom Paid <b>Members First Credit Union</b>				M	D	Y	Amount
				0	1	1	5.00
Address <b>1445 W Goodale Blvd</b>		Purpose <b>inactive acct fee</b>					
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43212</b>	Check Number			
To Whom Paid <b>same as above</b>				M	D	Y	Amount
				0	1	1	5.00
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			
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			
To Whom Paid				M	D	Y	Amount

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee for Grandview Heights Schools</b>							
Full Name				Registration Number, if PAC			
Address <b>1935 W. First Ave</b>		Type*		M	D	Y	Amount <b>0.64</b>
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

\* 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.