

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

OK
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Full Name of Committee Get Your Library Back						Registration Number, if PAC	
Full Name of Candidate							
Street Address 423 County Road 900				Office Sought		District	
City Chillicothe				State OH		Zip Code 45601	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input checked="" type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	Semiannual		
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 05 D 04 Y 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 for 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	\$	1128.75	✓
2. Total monetary contributions (From Form No. 31-A)	\$	274.25	✓
3. Total other income (From Form No. 31-A-2)	\$	-0-	
4. Total funds available (sum of lines 1, 2, 3)	\$	1403.00	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	764.11	
6. Balance on hand (line 4 minus line 5)	\$	638.89	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	-0-	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	-0-	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	-0-	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	-0-	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	-0-	
12. Value of independent expenditures made (From Form No. 31-U)	\$	-0-	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

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 ROSS COUNTY, OHIO

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.

Nancy Kellenberger Treasurer *Nancy Kellenberger* 06-09-10
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date
 Jane Vollmar, Deputy Treasurer

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages _____
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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Get Your Library Back									
Full Name of Contributor Jerry Blankenship							Registration Number, if PAC		
Street Address PO Box 247				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Richmond Dale		State OH	Zip Code 45673		M 04	D 16	Y 10	Amount 40.00	
Full Name of Contributor Virginia Smith							Registration Number, if PAC		
Street Address 62 Mead Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe		State OH	Zip Code 45601		M 04	D 19	Y 10	Amount 25.00	
Full Name of Contributor League of Women Voters							Registration Number, if PAC		
Street Address 26 Mary Martin Woodbriar Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Chillicothe		State OH	Zip Code 45601		M 05	D 03	Y 10	Amount 209.25	
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 also appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Get Your Library Back							M	D	Y	Amount
Jennifer McKell							04	19	10	84.00 ✓
Address			Purpose							
317 Zane Road			Reimbursement Postage for postcards to Absentee Voters							
City			State	Zip Code	Check Number					
Chillicothe			OH	45601	1009					
Jennifer McKell							M	D	Y	Amount
317 Zane Road							04	19	10	28.00 ✓
Address			Purpose							
317 Zane Road			Reimbursement Postage for postcards to Absentee Voters							
City			State	Zip Code	Check Number					
Chillicothe			OH		1010					
The Chillicothe Telephone Co							M	D	Y	Amount
68 E Main St							04	19	10	11.00 ✓
Address			Purpose							
68 E Main St			Printing Postcards							
City			State	Zip Code	Check Number					
Chillicothe			OH	45601	1011					
The Chillicothe Gazette							M	D	Y	Amount
50 W Main St							04	19	10	265.36 ✓
Address			Purpose							
50 W Main St			Campaign Ad							
City			State	Zip Code	Check Number					
Chillicothe			OH	45601	1012					
Boss County Advertiser							M	D	Y	Amount
50 W Main St							04	19	10	81.00 ✓
Address			Purpose							
50 W Main St			Campaign Ad							
City			State	Zip Code	Check Number					
Chillicothe			OH	45601	1013					
Jennifer McKell							M	D	Y	Amount
317 Zane Road							05	03	10	28.00 ✓
Address			Purpose							
317 Zane Road			Reimbursement Postage							
City			State	Zip Code	Check Number					
Chillicothe			OH		1014					
Jennifer McKell							M	D	Y	Amount
317 Zane Road							05	03	10	56.00 ✓
Address			Purpose							
317 Zane Road			Reimbursement Postage							
City			State	Zip Code	Check Number					
Chillicothe			OH	45601	1015					
The Chillicothe Telephone Co							M	D	Y	Amount
68 E Main St							05	03	10	13.75 ✓
Address			Purpose							
68 E Main St			Printing Postcards							
City			State	Zip Code	Check Number					
Chillicothe			OH	45601	1016					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Get Your Library Back										
To Whom Paid Chillicothe & Ross County Public Library							M	D	Y	Amount
Address 140-146 S Paint St							05	11	10	15.50
Purpose Labels & Copies (Absentee post card mailings)										
City Chillicothe			State OH	Zip Code 45601	Check Number 1017					
To Whom Paid Chillicothe Ross Chamber of Commerce							M	D	Y	Amount
Address 45 E Main St							05	11	10	50.00
Purpose E-mail/Fax Blast										
City Chillicothe			State OH	Zip Code 45601	Check Number 1018					
To Whom Paid Horizon							M	D	Y	Amount
Address 68 E Main St							05	20	10	131.50
Purpose 87 Ad Spots Aired										
City Chillicothe			State OH	Zip Code 45601	Check Number 1019					
To Whom Paid							M	D	Y	Amount
Address										
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address										
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address										
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address										
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address										
City			State	Zip Code	Check Number					