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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Children's Services							Registration Number, if PAC		
Full Name of Candidate									
Street Address 475 Western Ave. Ste B, PO Box 792						Office Sought		District	
City Chillicothe						State O H		Zip Code 45601	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2010
	July Monthly		August Monthly		September Monthly		Termination		
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 3 0 4 0 8	

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 33
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)	\$	435.33
5. Total monetary expenditures (From Form No. 31-B)	\$	20.00
6. Balance on hand (line 4 minus line 5)	\$	415.33
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	\$	

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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

Stephanie Matthews & *Debra* _____
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature

01/19/11
 Date

Contribution
pages 0

Expenditure
pages 3

Other
pages 1

Total
pages 4

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Children's Services												
To Whom Paid Postmaster						M	D	Y	Amount			
						0	8	1	6	1	0	20.00
Address 629 Central Center				Purpose Post Office Box Fee								
City Chillicothe		State OH		Zip Code 45601		Check Number 212						
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			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			