



A8956

P-1

Ohio Campaign Finance Report
 HAMILTON COUNTY
 BOARD OF ELECTIONS
 2023 JUL 31 PM 1:35

Form 30-A
 ORC 3517.10

Committee Name CITIZENS FOR YOUR LIBRARY'S FUTURE		Office Sought		District
Street Address 8456 VINE ST. SUITE #100		City CINCINNATI	State OH	Zip 45216
Candidate Name OR PAC Registration Number		Treasurer Name TODD S. NEUMANN		Election Date (MM/DD/YYYY)

Type of Report (choose one):
 Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:
 July Monthly August Monthly September Monthly

Year

Amended Report <input type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	\$144,163.64
2. Total monetary contributions (From Forms 31-A and 31-E)	\$195,000.00
3. Total other income (From Form 31-A-2)	\$0
4. Total funds available (sum of lines 1, 2, 3)	\$339,163.64
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$8.00
6. Balance on hand (line 4 minus line 5)	\$339,155.64
7. Value of in-kind contributions received (From Form 31-J-1)	\$0
8. Value of in-kind contributions made (From Form 31-J-2)	\$0
9. Outstanding loans owed by committee (From Form 31-C)	\$0
10. Outstanding debts owed by committee (From Form 31-N)	\$0
11. Outstanding loans owed to committee (From Form 31-K)	\$0
12. Value of independent expenditures made (From Form 31-U)	\$0

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
 WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

	07/31/2023
Signature of Treasurer or Deputy Treasurer	Date (MM/DD/YYYY)

Contribution Pages 1	Expenditure Pages 1	Other Pages 3	Total Pages 5
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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee CITIZENS FOR YOUR LIBRARY'S FUTURE				
Full Name of Contributor FRIENDS OF THE PUBLIC LIBRARY			Registration Number, if PAC	
Street Address 8456 VINE STREET		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City CINCINNATI	State OH	Zip Code 45216	Date (MM/DD/YYYY) 04/15/2023	Amount 20,000.00
Full Name of Contributor THE LIBRARY FOUNDATION OF CINCINNATI AND HAMILTON COUNTY			Registration Number, if PAC	
Street Address 800 VINE STREET		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City CINCINNATI	State OH	Zip Code 45202	Date (MM/DD/YYYY) 04/20/2023	Amount 20,000.00
Full Name of Contributor THE LIBRARY FOUNDATION OF CINCINNATI AND HAMILTON COUNTY			Registration Number, if PAC	
Street Address 800 VINE STREET		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City CINCINNATI	State OH	Zip Code 45202	Date (MM/DD/YYYY) 05/20/2023	Amount 155,000.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	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

Form 31-B

R.C. 3517.10

Full Name of Committee CITIZENS FOR YOUR LIBRARY'S FUTURE			
To Whom Paid FIFTH THIRD BANK		Date (MM/DD/YYYY) 02/28/2023	Amount 2.00
Street Address PO BOX 630900		Purpose CHECK IMAGE FEE	
City CINCINNATI	State OH	Zip Code 45263	Check Number
To Whom Paid FIFTH THIRD BANK		Date (MM/DD/YYYY) 03/31/2023	Amount 2.00
Street Address PO BOX 630900		Purpose CHECK IMAGE FEE	
City CINCINNATI	State OH	Zip Code 45263	Check Number
To Whom Paid FIFTH THIRD BANK		Date (MM/DD/YYYY) 05/31/2023	Amount 2.00
Street Address PO BOX 630900		Purpose CHECK IMAGE FEE	
City CINCINNATI	State OH	Zip Code 45263	Check Number
To Whom Paid FIFTH THIRD BANK		Date (MM/DD/YYYY) 06/30/2023	Amount 2.00
Street Address PO BOX 630900		Purpose CHECK IMAGE FEE	
City CINCINNATI	State OH	Zip Code 45263	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number

Page Total \$ 8.00