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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

RECOVERY PAC

ADDRESS (number and street) 182 E NORTH BROADWAY ST

Check if different than previously reported. (ACC)

COLUMBUS OH 43214-4112

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00442277

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
[X] January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), [X] Jan 31 (YE) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [ ] in the State of [ ]

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN G. RITCHIEY

Signature of Treasurer [Handwritten Signature] Date 10 13 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 10 columns and 1 row. Includes text 'FEC FORM 3X Rev. 12/2004'.

10030442727

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**RECOVERY PAC**

Report Covering the Period:

From:

07 / 01 / 2009

To:

12 / 31 / 2009

10030442728

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2009	2,716.67	2,716.67
(b) Cash on Hand at Beginning of Reporting Period.....	1,544.26	
(c) Total Receipts (from Line 19).....	1,950.00	1,950.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3,494.26	4,666.67
7. Total Disbursements (from Line 31).....	1,885.00	3,057.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,609.26	1,609.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*RECOVERY PAC*

Report Covering the Period: From:

*07 / 01 / 2009*

To:

*12 / 31 / 2009*

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

*1,950.00*

*1,950.00*

(ii) Unitemized .....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

*1,950.00*

*1,950.00*

(b) Political Party Committees .....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

*1,950.00*

*1,950.00*

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

*1,950.00*

*1,950.00*

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

*1,950.00*

*1,950.00*

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	13500	30741
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13500	30741
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	175000	275000
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	188500	305741
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	188500	305741

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1,950.00	1,950.00
34. Total Contribution Refunds (from Line 28(d)) .....	1,950.00	1,950.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,350.00	1,350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1,350.00	307.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1,350.00	307.41
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1,350.00	307.41

10030442731

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE	OF	2
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**RECOVERY PAC**

A. Full Name (Last, First, Middle Initial) <b>GRIFFITH, RALPH</b>		Date of Receipt <b>12 30 2009</b>
Mailing Address <b>2715 YORK ROAD</b>		Amount of Each Receipt this Period <b>1,000.00</b>
City <b>COLUMBUS</b>	State Zip Code <b>OH 43221</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>VALUE RECOVERY GROUP</b>	Occupation <b>SENIOR VICE PRESIDENT</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1,000.00</b>	

B. Full Name (Last, First, Middle Initial) <b>RITCHIEY, JOHN G.</b>		Date of Receipt <b>12 30 2009</b>
Mailing Address <b>182 E NORTH BROADWAY STREET</b>		Amount of Each Receipt this Period <b>1,000.00</b>
City <b>COLUMBUS</b>	State Zip Code <b>OH 43214</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>VALUE RECOVERY GROUP</b>	Occupation <b>CHIEF FINANCIAL OFFICER</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1,000.00</b>	

C. Full Name (Last, First, Middle Initial) <b>FRUMM, BARRY H.</b>		Date of Receipt <b>12 30 2009</b>
Mailing Address <b>2460 STONEHAVEN COURT N</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>COLUMBUS</b>	State Zip Code <b>OH 43226</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>VALUE RECOVERY GROUP</b>	Occupation <b>CHIEF EXECUTIVE OFFICER</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>1,350.00</b>
TOTAL This Period (last page this line number only).....▶	

10030442732

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>2</u> OF <u>2</u>	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Recovery PAC

**A.** Full Name (Last, First, Middle Initial)  
GORBY, STARON L

Mailing Address  
2615 BERTON WOODS DRIVE

City COLUMBUS State OH Zip Code 43231

FEC ID number of contributing federal political committee. C

Name of Employer VALUE RECOVERY GROUP Occupation SUP ADMINISTRATION

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date 10.000

Date of Receipt  
12 30 2009

Amount of Each Receipt this Period  
10000

**B.** Full Name (Last, First, Middle Initial)  
SATO JAMES E.

Mailing Address  
1097 HIGHLAND DRIVE

City COLUMBUS State OH Zip Code 43220

FEC ID number of contributing federal political committee. C

Name of Employer VALUE RECOVERY GROUP Occupation CHIEF OPERATIONS OFFICER

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date 500.00

Date of Receipt  
12 30 2009

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	<u>600.00</u>
TOTAL This Period (last page this line number only).....▶	<u>1,950.00</u>

10050442733

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		1

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NAME OF COMMITTEE (In Full)  
**RECOVERY PAC**

A. Full Name (Last, First, Middle Initial) <b>INFOGUARD</b>		Date of Disbursement 08 27 2009
Mailing Address <b>919 OLD HENDERSON ROAD</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43220</b>
Purpose of Disbursement <b>INTERNET MAINTENANCE COMPUTER</b>	Candidate Name	Amount of Each Disbursement this Period <b>135.00</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <b>001</b>
State: _____	District: _____	

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: _____	District: _____	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>135.00</b>
TOTAL This Period (last page this line number only).....▶	<b>135.00</b>

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**RECOVERY PAC**

Full Name (Last, First, Middle Initial) <b>PAULA BROOKS COMMITTEE</b>		Date of Disbursement <b>12 / 28 / 2009</b>
Mailing Address <b>550 E WALNUT STREET</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name <b>PAULA BROOKS</b>		<b>011</b> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>500.00</b>
State: <b>OH</b>	District: <b>12</b>	

Full Name (Last, First, Middle Initial) <b>TIBERI FOR CONGRESS</b>		Date of Disbursement <b>12 / 30 / 2009</b>
Mailing Address <b>2931 E Dublin GRANVILLE ROAD</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43231</b>
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name <b>PAT TIBERI</b>		<b>011</b> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>1,000.00</b>
State: <b>OH</b>	District: <b>12</b>	

Full Name (Last, First, Middle Initial) <b>STIVERS FOR CONGRESS</b>		Date of Disbursement <b>12 / 30 / 2009</b>
Mailing Address <b>211 S. 5th Street</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name <b>STEVE STIVERS</b>		<b>011</b> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>250.00</b>
State: <b>OH</b>	District: <b>15</b>	

SUBTOTAL of Disbursements This Page (optional).....	<b>1,750.00</b>
TOTAL This Period (last page this line number only).....	<b>1,750.00</b>

10050442735

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

10030442736

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>10/13/10</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>EA</i>	<i>10/14/10</i>
PREPARER	DATE PREPARED